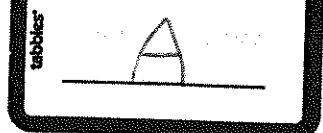


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IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

DON LIPPERT, )  
                  )  
Plaintiff,     )  
                  )  
vs.              ) No. 10-CV-4603  
                  )  
ATHENA ROSSITER, et al., )  
                  )  
Defendants.    )

The deposition of DON LIPPERT, called by the Wexford Defendants for examination, taken pursuant to notice and pursuant to the Federal Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before Martina Miranda Ralls, Certified Shorthand Reporter, at Stateville Correctional Center, 16830 South Broadway, Crest Hill, Illinois, commencing at 10:44 a.m. on May 8, 2014.



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1 APPEARANCES:  
 2 SEYFARTH SHAW, LLP  
 3 MR. JASON P. STIEHL  
 4 MS. KRISTINE R. ARGENTINE  
 5 131 South Dearborn Street  
 6 Suite 2400  
 7 Chicago, Illinois 60603  
 8 Phone: (312) 460-5568  
 9 (312) 460-5306  
 10 E-mail: jstiehl@seyfARTH.com  
 11 kargentine@seyfARTH.com

12 On behalf of the Plaintiff;

13 CASSIDAY SCHADE, LLP  
 14 MR. MATTHEW A. ELIASER  
 15 20 North Wacker Drive  
 16 Suite 1000  
 17 Chicago, Illinois 60606  
 18 Phone: (312) 739-3225  
 19 E-mail: meliaser@cassiday.com

20 On behalf of the Wexford Defendants;

21 STATE OF ILLINOIS  
 22 OFFICE OF THE ATTORNEY GENERAL  
 23 MS. AGNES PTASZNIK  
 24 100 West Randolph Street  
 Chicago, Illinois 60601  
 Phone: (312) 814-4217  
E-mail: aptasznik@atg.state.il.us

On behalf of the Stateville Correctional  
Center Defendants.

\*\*\*\*\*

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1 (Witness sworn.)  
 2 WHEREUPON:  
 3 DON LIPPERT,  
 4 called as a witness herein, having been first duly  
 5 sworn, was examined and testified as follows:  
 6 DIRECT EXAMINATION  
 7 BY MR. ELIASER:  
 8 Q. Could you, please, state and spell your full  
 9 name for the record?  
 10 A. Don Lippert, D O N, L I P P E R T.  
 11 MR. ELIASER: Let the record reflect, this is the  
 12 deposition of Don Lippert taken pursuant to all  
 13 applicable federal rules.  
 14 BY MR. ELIASER:  
 15 Q. Mr. Lippert, my name is Matthew Eliaser.  
 16 I'm going to ask you some questions today. You're  
 17 under oath. I'll just go over some ground rules with  
 18 you just so you understand what's happening. I'm sure  
 19 your attorneys have already done that, but I'll just  
 20 refresh your memory as some of the more important ones.  
 21 So I'm going to ask you questions. Please  
 22 allow me to finish my question before you chime in and  
 23 I'll allow you to finish your answer before I ask you a  
 24 new question, because that just keeps the record clean

1 for the court reporter, who's taking down everything  
 2 that's being said today, okay?  
 3 A. Okay.  
 4 Q. Secondly, when a question is posed to you  
 5 and you answer it, everyone will assume that you  
 6 understood the question, okay? So if you don't  
 7 understand the question or you want it rephrased for  
 8 some reason, you have to let me know that, okay?  
 9 A. All right.  
 10 Q. Could you, please, state your date of birth?  
 11 A. May 15th, 1975.  
 12 Q. So that would make you 38; is that correct?  
 13 A. (Nodding.)  
 14 MR. STIEHL: You have to answer "yes" or "no."  
 15 BY THE WITNESS:  
 16 A. Oh, yes.  
 17 Q. That's another one that I forgot.  
 18 Yeah. All the answers have to be audible,  
 19 so no nods or shakes of the heads. It has to be yeses,  
 20 nos, verbal answers.  
 21 A. All right.  
 22 Q. Okay.  
 23 MS. PTASZNIK: Mr. Lippert, are you on any  
 24 medication today that would impair your ability to

2 (Pages 2 to 5)

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<p style="text-align: right;">Page 6</p> <p>1 testify truthfully?</p> <p>2 THE WITNESS: I take insulin. Other than that,</p> <p>3 no.</p> <p>4 MS. PTASZNIK: Do you have any reason to believe</p> <p>5 that the insulin you take would impair you from</p> <p>6 testifying truthfully?</p> <p>7 THE WITNESS: No.</p> <p>8 MR. ELIASER: Okay. Thank you.</p> <p>9 Off the record.</p> <p>10 (The witness was unable to provide</p> <p>11 his Social Security number off the</p> <p>12 record.)</p> <p>13 BY MR. ELIASER:</p> <p>14 Q. You currently reside at Stateville</p> <p>15 Correctional Center, right?</p> <p>16 A. Yes.</p> <p>17 Q. Do you have any plans to relocate or</p> <p>18 transfer?</p> <p>19 A. Not what I know of.</p> <p>20 Q. Okay. Mr. Lippert, I'm going to discuss</p> <p>21 some of your prior medical history with you, okay?</p> <p>22 Is it correct that you were first diagnosed</p> <p>23 with Type 1 diabetes at Pediatric Clinic Aurora,</p> <p>24 Illinois, at the age of 15?</p>	<p style="text-align: right;">Page 8</p> <p>1 talking about, those hundreds or so, can you tell me</p> <p>2 what your symptoms are when you experience an episode</p> <p>3 of hyper- or hypoglycemia?</p> <p>4 A. When I'm having a hyper-, which is high, you</p> <p>5 know, I get thirsty, you know, mood swings, you know,</p> <p>6 agitated. When I'm low, hypoglycemia, I start</p> <p>7 sweating, you know, fidgety, hungry.</p> <p>8 Q. Anything else for hypoglycemia that you've</p> <p>9 experienced pre-2010?</p> <p>10 A. Confusion.</p> <p>11 Q. Which is -- Is that hypo- or hyper-?</p> <p>12 A. Both, really, you know. But, you know,</p> <p>13 hypo- is when your -- basically, when your brain shuts</p> <p>14 down, so you know, more confusion.</p> <p>15 Q. Okay. Any other symptoms you've experienced</p> <p>16 pre-2010 during an episode of hyper- or hypoglycemia</p> <p>17 that we haven't already discussed?</p> <p>18 A. Can you explain that a little bit?</p> <p>19 Q. Well, right. You told me thirst, mood</p> <p>20 swings, confusion, sweating, fidgeting, hunger,</p> <p>21 confusion [sic]. Anything else that you experienced</p> <p>22 pre-2010 during an episode of hyper- or hypoglycemia?</p> <p>23 A. No.</p> <p>24 Q. How about nausea? Did you experience that</p>
<p style="text-align: right;">Page 7</p> <p>1 A. Yes.</p> <p>2 Q. Other than diabetes, have you ever been</p> <p>3 diagnosed with any other medical conditions?</p> <p>4 A. Well, mental health.</p> <p>5 Q. Anything else?</p> <p>6 A. No.</p> <p>7 Q. Now, I'm going to direct your attention to a</p> <p>8 time period that is pre-2010, okay? So the year of</p> <p>9 2009 and earlier, okay?</p> <p>10 I take it you had episodes of hyper- and</p> <p>11 hypoglycemia prior to 2010; is that fair to say?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. Do you know how many?</p> <p>14 A. Exact number, no, but quite a few.</p> <p>15 Q. Quite a few. Could you --</p> <p>16 A. Yeah.</p> <p>17 Q. Could you estimate? Could you give me a</p> <p>18 range of how many that is?</p> <p>19 A. I'm going to say hundreds. I mean ...</p> <p>20 Q. So it's correct to say that prior to the</p> <p>21 year 2010 you've had hundreds of episodes of hyper- or</p> <p>22 hypoglycemia?</p> <p>23 A. Yeah.</p> <p>24 Q. Okay. During those episodes that we're</p>	<p style="text-align: right;">Page 9</p> <p>1 pre-2010?</p> <p>2 A. Well, when it's -- All right. Yeah. I'll</p> <p>3 correct myself.</p> <p>4 Q. Okay.</p> <p>5 A. When it gets high, you know, the acidosis,</p> <p>6 you know, will make you throw up, and I've thrown up</p> <p>7 quite a bit --</p> <p>8 Q. Okay.</p> <p>9 A. -- due to a high blood sugar level.</p> <p>10 Q. Okay. Can you estimate about how many times</p> <p>11 you've had nausea or vomiting pre-2010 during an</p> <p>12 episode of hyper- or hypoglycemia?</p> <p>13 A. Maybe about 100 -- 100 -- Between maybe 80</p> <p>14 to 100.</p> <p>15 Q. Okay. How about dizziness? I don't think</p> <p>16 we talked about dizziness. Is that what you've</p> <p>17 experienced during your episodes pre-2010?</p> <p>18 A. Yeah.</p> <p>19 Q. And is that a pretty common symptom during</p> <p>20 an episode?</p> <p>21 A. Yeah.</p> <p>22 MR. STIEHL: I'm just going to object for a</p> <p>23 second, so -- generically that, obviously, Mr. Lippert</p> <p>24 is not a doctor, so he can't diagnose himself. So I</p>

3 (Pages 6 to 9)

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<p>1 know -- I think you're asking about his memory. And,      2 two, there's, obviously, documents in this case, both      3 medical records and grievances, that probably detail      4 these types of symptoms. So I appreciate your asking      5 him to the best of his recollection, but I just want to      6 state that objection for the record.</p> <p>7 MR. ELIASER: Would you repeat his answer? I      8 think he answered the question.</p> <p>9 (Record read as requested.)</p> <p>10 BY MR. ELIASER:</p> <p>11 Q. How about headaches?</p> <p>12 A. I have headaches.</p> <p>13 Q. Is that a common symptom that you've had      14 during what you've perceived as an episode of hyper- or      15 hypoglycemia pre-2010?</p> <p>16 A. Yeah.</p> <p>17 Q. And how about muscle cramps? Would the same      18 be true for that?</p> <p>19 A. Yeah, that's a symptom.</p> <p>20 Q. And would that be a frequent symptom that      21 you've experienced pre-2010?</p> <p>22 A. Yeah.</p> <p>23 Q. Now, we were just talking about episodes of      24 hypo-, hyperglycemia; in other words, when your blood</p>	<p>1 and feet pre-2010, right?</p> <p>2 A. Yeah.</p> <p>3 Q. And was that a pretty frequent occurrence      4 pre-2010, those symptoms?</p> <p>5 A. No. It was, you know, over -- over time I      6 was getting worse.</p> <p>7 Q. Okay. When did those symptoms start?</p> <p>8 A. It was maybe, I'd say, about 2000- -- 2005.</p> <p>9 Q. And from 2005 through 2009, how often would      10 you experience hot-cold flashes, numbness, tingling,      11 burning in the legs and feet?</p> <p>12 A. Prior?</p> <p>13 Q. Between 2005 and 2009?</p> <p>14 A. I don't know; off and on, you know.</p> <p>15 Q. Off and on; is that what you said?</p> <p>16 A. Yeah.</p> <p>17 Q. How bad would it get?</p> <p>18 A. Some instances, it would be severe pain, you      19 know, numbness. Then, you know, it would go away, come      20 back.</p> <p>21 Q. Did it physically limit your ability to do      22 certain activities at that time?</p> <p>23 A. Yes. It hurts when ...</p> <p>24 Q. And pain in the toes, feet, and heels is</p>
Page 11	Page 13
<p>1 sugar is too high or your blood sugar is too low. Now      2 I want to turn to symptoms just related to your general      3 diabetes condition, okay? Do you understand what I'm      4 getting at there?</p> <p>5 A. Mm-hmm.</p> <p>6 Q. Okay. Have you experienced -- Well, strike      7 that.</p> <p>8 You've experienced eye blurriness and poor      9 vision pre-2010; is that correct?</p> <p>10 A. Yeah.</p> <p>11 Q. And can you tell me how bad your blurriness      12 or how bad your vision was pre-2010?</p> <p>13 A. Well, I had problems. I don't know how bad      14 they were. But, I mean, you know, for a cause of      15 diabetes, you know, vision is the first thing, you      16 know, you're going to lose. So ...</p> <p>17 Q. Okay. Were you prescribed eyeglasses or      18 contacts before 2010 for your vision?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. And were you prescribed that by a      21 doctor here in Stateville?</p> <p>22 A. I don't remember.</p> <p>23 Q. You've also experienced hot and cold      24 flashes, numbness, tingling, and burning in both legs</p>	<p>1 something you experienced pre-2010 as well, right?</p> <p>2 A. Yep.</p> <p>3 Q. And was that as frequent as the numbness and      4 the tingling and the burning that we just talked about?</p> <p>5 A. Yep.</p> <p>6 Q. And you've also experienced sores to your      7 heels and discoloration to your skin pre-2010, right?</p> <p>8 A. Yep.</p> <p>9 Q. And can you describe for us how bad that got      10 pre-2010 in terms of sores taking a long time to heal      11 and the discoloration of your skin?</p> <p>12 A. Well, just over time, it just gets worse,      13 you know. I mean, I had symptoms of neuropathy; but      14 over time of, you know, bad medical care, it just gets      15 worse and worse and worse and worse over      16 time.</p> <p>17 Describe the color of the skin or sores?</p> <p>18 Q. Sure, pre-2010.</p> <p>19 MR. STIEHL: If you can.</p> <p>20 BY THE WITNESS:</p> <p>21 A. I could show you.</p> <p>22 MR. STIEHL: He's talking about pre-2010.</p> <p>23 THE WITNESS: Yeah.</p> <p>24 MR. STIEHL: Okay.</p>

4 (Pages 10 to 13)

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1 BY THE WITNESS:

2 A. Show you?

3 Q. Can you describe it? I'd rather you just  
4 describe it.5 A. Oh, just, like -- like, a brown patch of  
6 skin, you know. You know, it's -- it would be, like, a  
7 scab, you know, for months, you know. And then when it  
8 does fall off, the color of the skin is just, like,  
9 brown.10 Q. And it causes the skin on the legs to become  
11 thin and have a shiny appearance, right?12 A. Yeah. The neuropathy, you know, poor  
13 circulation, causes loss of hair, shiny skin, thin  
14 skin.

15 Q. And that all existed pre-2010, right?

16 A. It was -- Yeah, it was starting.

17 Q. Pre-2010, right?

18 A. Yeah.

19 Q. Okay. And we talked about the legs, but  
20 let's talk about the arms and the hands. You've  
21 experienced tingling, burning, and numbness in the  
22 hands and the arms prior to 2010, right?

23 A. Yeah.

24 Q. And how frequent was that?

1 blood sugars?

2 A. Yeah. The food ...

3 Q. And headaches, did you -- you experienced  
4 frequent headaches pre-2010; is that true also?

5 A. Yes.

6 Q. Okay. And you had problems losing weight  
7 prior to 2010 as well; is that correct?

8 A. Say it again.

9 Q. You had episodes where you would lose weight  
10 unintentionally prior to 2010, right?11 A. Unintentionally? Well, yeah. I mean, you  
12 know, diabetes, high blood sugar levels, you know, it  
13 will drain your weight in your body.14 Q. Understood. I want to ask you about a low  
15 bunk pass and a low gallery permit --

16 A. Yes.

17 Q. -- that you were given in 2010 -- I'm  
18 sorry -- in 2009. Do you remember that?

19 A. Yeah.

20 Q. What was the purpose of the low bunk and the  
21 low gallery permit in 2009?22 A. Well, I had severe low blood sugar. I was  
23 up on the top bunk, and, you know, they had to come in  
24 there and get me, get me off the bed, you know. I was

Page 15

Page 17

1 A. Off and on.

2 Q. For how many years, would you say?

3 A. I'm going to say about -- I mean, about  
4 maybe -- about 2009. You know, I started getting, you  
5 know, tingling in my fingers, in my arms.6 Q. If your medical records indicated that it  
7 started in 2008, would you disagree with that, or does  
8 that sound right as well?9 A. I could say, you know, I'm not exactly. I  
10 was just going off maybe about 2009. If it was 2008,  
11 then I was maybe a year off.12 Q. Okay. And it's true that you experienced  
13 painful frequent burning during urination prior to  
14 2010, right?

15 A. I had -- Yeah, somewhat.

16 Q. What's that?

17 A. Yeah.

18 Q. Yes. How often did that occur?

19 A. When I had high blood sugars.

20 Q. So every time you had high blood sugar, that  
21 would occur?22 A. No, when I really had some high blood  
23 sugars.

24 Q. So it would occur when you had really high

1 thrashing around up there, didn't know what was going  
2 on, so the guards had to grab me and pull me off, you  
3 know. So for all diabetics, you know, we all get a low  
4 bunk and low gallery permit.5 Q. So let me make sure I understand the reason  
6 for that. It's so that they can have better access to  
7 you if you're having an episode --

8 A. Right.

9 Q. -- of hyper- or hypoglycemia, right?

10 A. You know, our safety. Instead of falling  
11 off -- If we're going to fall off, they'd rather have  
12 us fall off from the bottom bunk; for low gallery, to  
13 be easy to extract us.14 Q. Right. In your experience was the low bunk  
15 permit and the low gallery permit also related to the  
16 neuropathy in your arms and your legs, making it  
17 difficult for you to climb to the top bunk?18 MR. STIEHL: Objection, calls for speculation,  
19 also not a doctor. And I'm sure there's documents that  
20 probably are better evidence of it.

21 But if you know, go ahead.

22 BY MR. STIEHL:

23 Q. Do you know if that was one of the reasons  
24 you were given a low bunk pass?

5 (Pages 14 to 17)

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<p>1 A. No, I don't.</p> <p>2 Q. Okay. Other than the ease to access you for 3 medical treatment, is there any other reason you were 4 given the low bunk permit or low bank pass that you 5 know of?</p> <p>6 A. Not what I know of.</p> <p>7 Q. So now I want to turn to your -- your mental 8 health condition prior to May 2010, okay. So I'm just 9 talking about the period of time from April 2010 and 10 back further in the future -- or I'm sorry -- in the 11 past, okay? Understood?</p> <p>12 A. Yeah.</p> <p>13 Q. Okay. When did you first begin receiving 14 treatment for mental health?</p> <p>15 A. When I was 19 -- 18, 19.</p> <p>16 Q. Okay. And were you receiving that here in 17 the correctional center system, or were you --</p> <p>18 A. Yeah, when I came into the system in '96, 19 you know, taking stuff for depression.</p> <p>20 Q. Okay. At any point in time, have you ever 21 been treated outside of the correctional center system 22 for mental health treatment either at a clinic or a 23 hospital or a doctor --</p> <p>24 A. Well, I was in drug rehab, Gateway, up north</p>	<p>1 you --</p> <p>2 MR. STIEHL: If you recall.</p> <p>3 BY MR. ELIASER:</p> <p>4 Q. -- what diagnoses you're aware of.</p> <p>5 MR. STIEHL: If you don't recall ...</p> <p>6 BY THE WITNESS:</p> <p>7 A. I don't recall.</p> <p>8 Q. Okay. Would a medical record refresh your 9 memory, something that indicates that you'd been 10 diagnosed with that prior to May 2010?</p> <p>11 A. I would have to see it.</p> <p>12 Q. Okay.</p> <p>13 MR. ELIASER: If you guys want to follow along.</p> <p>14 BY MR. ELIASER:</p> <p>15 Q. I'm going to refer you, Mr. Lippert, to -- 16 if you look in this stack, Exhibit A, there's a 17 document. At the bottom right, it's labeled 18 Lippert 000539.</p> <p>19 A. What was that again, 00- what?</p> <p>20 Q. 000539. It should be towards the end. It's 21 a March 23rd, 2010 mental health note.</p> <p>22 A. (Indicating.)</p> <p>23 Q. Yep, you got it.</p> <p>24 MR. STIEHL: Matt, I don't know -- I mean,</p>
Page 19	Page 21
<p>1 in Lake Villa. That's where I was diagnosed as a manic 2 depressant. I was, like, 18 or 19.</p> <p>3 Q. And was that before your incarceration?</p> <p>4 A. Yeah. I got locked up at 20.</p> <p>5 Q. Okay. So you were diagnosed as a manic 6 depressant at the drug rehab center, right?</p> <p>7 A. Yeah.</p> <p>8 Q. And you've also been diagnosed with 9 depression here at Stateville?</p> <p>10 A. Yeah.</p> <p>11 Q. And that -- When were you first diagnosed 12 with depression here at Stateville, when you first came 13 here when you were 18 or 19; is that right?</p> <p>14 A. About 20.</p> <p>15 Q. 20 years old?</p> <p>16 A. (Nodding.)</p> <p>17 Q. And prior to 2010, were you diagnosed with 18 any other mental health conditions aside from being a 19 manic depressant or depression?</p> <p>20 A. Explain that a little bit better, please.</p> <p>21 Q. Prior to May 2010, you were also diagnosed 22 with anxiety disorder; is that fair to say? That 23 you're aware of. That's all I'm asking you. I'm not 24 asking you to diagnose yourself. I'm just asking</p>	<p>1 obviously, this document is marked confidential. So I 2 don't know how we would -- Can we just designate the 3 entire deposition confidential and then go back and 4 re-designate between us?</p> <p>5 MR. ELIASER: I'm not sure I understand what 6 exactly you mean.</p> <p>7 MR. STIEHL: Well, this document's confidential, 8 and so you're about to ask questions about it.</p> <p>9 MR. ELIASER: Right.</p> <p>10 MR. STIEHL: And I have concerns that his 11 testimony should also be marked confidential. I'm 12 assuming --</p> <p>13 MR. ELIASER: That's fine. I understand.</p> <p>14 MR. STIEHL: That's fine. So just for current 15 purposes, we'll have the deposition marked 16 confidential, and you and I can work out designations.</p> <p>17 MR. ELIASER: That's fine.</p> <p>18 MR. STIEHL: Okay. Thank you.</p> <p>19 BY MR. ELIASER:</p> <p>20 Q. If you look towards the bottom of the 21 document, Mr. Lippert, under the "Assessment/Diagnosis" 22 section -- Do you see that?</p> <p>23 A. Mm-hmm.</p> <p>24 Q. (Continuing.) -- Axis I says anxiety. Do</p>

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Page 22	Page 24
1 you see that?	1 your life in any way?
2 A. Yep.	2 A. Yeah.
3 Q. Does that refresh your memory as to whether	3 Q. Can you tell us how?
4 you were diagnosed with anxiety disorder prior to	4 A. Well, I mean -- I don't know. I mean, if I
5 May 2010?	5 didn't feel -- You know, it would be confidential if --
6 A. Not right offhand. You know, to explain, I	6 Is this going to be for treatment?
7 see Zoloft. That's for depression. And something --	7 Q. No, no. What we're doing here right now is
8 something else --	8 not for purposes of treatment.
9 Q. And we'll get to that. I'm just asking you	9 A. Well, then --
10 if this document refreshes your memory at all about	10 Q. But we are entitled to know your medical
11 whether you've been diagnosed with anxiety prior to	11 history as it pertains to your mental health because
12 May 2010.	12 you're claiming those damages in this case. So we need
13 A. No.	13 to know prior to the incident what you were
14 Q. Okay. Were you diagnosed with antisocial	14 experiencing with respect to your mental health
15 personality disorder prior to May 2010?	15 condition.
16 A. I don't recall.	16 A. Well, to put it, you know, frankly, you know
17 Q. Okay. I'm going to direct your attention to	17 I blame my -- you know, my parents for me being in
18 Axis II right underneath the section that we were just	18 here, you know, my cousin, Mom, Dad, myself, you know,
19 talking about on page 539 of Exhibit A.	19 and a girl that, you know, I basically trusted, you
20 A. Mm-hmm.	20 know, my life with but I found out, you know, she was
21 Q. ASPD, I'll represent to you that that stands	21 crazy too and I just found out that I put my life in a
22 for antisocial personality disorder --	22 crazy person's hands. So you know -- you know -- but
23 MR. STIEHL: And I'll object to that	23 finding out what the problem was was depression. So
24 representation. I don't know that's true.	24 now, being locked up for all this shit that I say
Page 23	Page 25
1 MR. ELIASER: That's fine. It is true, but --	1 shouldn't have happened, yeah, it's depression and I'm
2 MR. STIEHL: Are you sure? You talked to the	2 still depressed.
3 doctor who did the diagnosis?	3 Q. And what I want to know is, did that affect
4 MR. ELIASER: No, but I do medical litigation for	4 you physically prior to May 2010? Did it cause you to
5 a living, and I know that's what it stands for. Your	5 be tired? Did it cause you to be irritable? Did it
6 objection is noted.	6 cause you to sleep a lot? Those kind of things prior
7 MR. STIEHL: Okay.	7 to May 2010. Can you describe that?
8 BY MR. ELIASER:	8 A. Oh, no --
9 Q. Does this refresh your memory about whether	9 MR. STIEHL: I'm going to object, speculation and
10 you've ever been diagnosed with antisocial personality	10 he's not a doctor.
11 disorder prior to May 2010?	11 But to the extent you know, you can ...
12 A. Not what I recall.	12 BY THE WITNESS:
13 Q. Okay. Other than depression, do you know of	13 A. I don't know.
14 any other diagnoses, mental health diagnoses, prior to	14 Q. You don't remember whether you were tired,
15 May 2010?	15 irritable, anything like that as a result of the
16 A. Nope.	16 depression prior to May 2010?
17 Q. What were your symptoms of depression that	17 MR. STIEHL: Same objection.
18 you experienced prior -- prior to May of 2010 that you	18 BY THE WITNESS:
19 can tell me about?	19 A. I don't recall.
20 A. Say it again, please. Can you rephrase it,	20 Q. You don't recall?
21 please?	21 A. No.
22 Q. Sure.	22 Q. Did you experience insomnia prior to
23 A. Or repeat it.	23 May 2010?
24 Q. Prior to May 2010, did the depression affect	24 A. I had -- I had a problem sleeping.

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1 Q. And how long were those problems -- How long  
 2 did you have those problems for?

3 A. When the retaliation -- You know, when the  
 4 guards retaliate against me, you know, it's just -- I'm  
 5 going -- that's where the anxiety was coming in, you  
 6 know. That's -- I can recall that anxiety because, you  
 7 know, it was hard for me to sleep, concentrate, you  
 8 know, because of retaliation of the guards, medical,  
 9 prior ...

10 Q. And did that -- Did that date back to your  
 11 incarceration, at the time you were first incarcerated,  
 12 the anxiety and the insomnia and those things you just  
 13 talked about?

14 A. When I first came in, no.

15 Q. When did it start? That's what I'm asking.

16 A. I don't recall.

17 Q. Did it start prior to 2005? Did it start  
 18 between 2005 and 2008? Can you give me any sort of a  
 19 general time frame when those -- when that started?

20 A. I would like to say between 2000- -- between  
 21 2000- -- About 2008, you know, but anything over that  
 22 has just got worse.

23 Q. What medications were you on for your mental  
 24 health prior to May 2010?

1 What did your daily diabetic management consist of?

2 A. I was on insulin. I was taking two kinds,  
 3 regular, which is a fast-acting; NPH, which is for  
 4 long-acting.

5 For diabetes management, you know, there was  
 6 no diet. They fed -- They fed me whatever they want to  
 7 feed, you know, sugary, high-carbohydrate foods. The  
 8 stuff from commissary was just all junk food. So for  
 9 nutritional, it was nonexistent. That was bad for my  
 10 diabetes management.

11 Exercise, you know, is twice a week, five  
 12 hours total. You know, I work -- you know, worked out  
 13 in the cell about four times a week.

14 Other than that, for -- to get my insulin  
 15 shot or Accu-Cheks, any meds, I have to count on, you  
 16 know, IDOC Wexford employees to give me it.

17 Q. Were you on any other medication for your  
 18 diabetes other than insulin as of April 2010?

19 A. For my diabetes?

20 Q. Yeah.

21 A. Wait. Prior? So --

22 Q. Prior to May 2010.

23 A. When I came in, they were trying to put me  
 24 on some pills for -- but it was just briefly.

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1 A. I know, Zoloft. They had me on -- They, you  
 2 know -- They were, like -- They gave me -- tried me out  
 3 on a bunch of stuff, you know, like -- So I don't know.

4 Q. Any other names come to mind in terms of  
 5 medications that you were on or that you tried prior to  
 6 May 2010 for mental health?

7 A. I see this Vistaril. That -- I know about  
 8 that.

9 Q. And was that for the depression in your  
 10 understanding?

11 A. That or for, you know, anxiety.

12 Q. Any other medications that you can remember  
 13 for mental health that you were on at any time prior to  
 14 May 2010 that we haven't already talked about?

15 A. Oh, they tried to give -- You know, they  
 16 gave me some stuff that will try and knock you out. I  
 17 think, Thorazine, and I told them no and they tried to  
 18 give me that. Xanax. Prior, right?

19 Q. Correct.

20 A. That's all I can remember.

21 Q. Now, I want to talk about what your daily  
 22 diabetic management and regimen was prior to May 2010,  
 23 so as of, let's say, April 2010.

24 What medications were you on for diabetes?

1 Q. Were you on those pills in April 2010, or  
 2 was insulin the only medication for your diabetes at  
 3 that time?

4 A. No. This was way, way before 2010.

5 Q. Okay. So insulin was the only diabetes  
 6 medication you were taking in April 2010?

7 A. Yeah.

8 Q. How many times a day did you have insulin at  
 9 that time?

10 A. Twice.

11 Q. And what times of the day?

12 A. In the morning and the evening.

13 Q. Okay. What time in the morning?

14 A. It varied. But the shift, it would be on  
 15 the 11:00-to-7:00 shift for a.m. and 3:00-to-11:00  
 16 shift for my evening.

17 Q. What's the earliest in the morning you would  
 18 have received your insulin?

19 A. 2010 -- April, I was in F house, so it was  
 20 between 2:30/3:30.

21 Q. A.m.?

22 A. Yeah.

23 Q. And then sometimes it would come at  
 24 7:00 a.m. at the end of the shift?

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<p style="text-align: right;">Page 30</p> <p>1 A. No. Then the evening shot, you know -- It 2 just varied. You know, you got -- you got one med tech 3 or one nurse, you know, doing a bunch of people, so 4 it -- time varies when they'll show up. So it was hard 5 to tell.</p> <p>6 Q. I'm just getting an idea of what the time 7 range would be.</p> <p>8 So tell me if I'm correct. So in the 9 morning, it may come anytime between 2:30 a.m. and 10 7:00 a.m.?</p> <p>11 A. Mm-hmm.</p> <p>12 Q. Yes? Oh, I'll let you finish your orange 13 juice so can you say "yes."</p> <p>14 A. Yeah.</p> <p>15 Q. Okay. And then in the evening, would it 16 come anytime between, let's say, 6:00 p.m. and 17 11:00 p.m.? Is that correct?</p> <p>18 A. No. I'm going to say between 4:30/7:00.</p> <p>19 Q. Okay. And what type of insulin and what 20 were your dosages in the morning as of April 2010?</p> <p>21 A. Two shots. The dose, I can't recall.</p> <p>22 Q. Two shots of regular?</p> <p>23 A. Oh, no, one shot of one ...</p> <p>24 Q. I got it. One shot of regular and one shot</p>	<p style="text-align: right;">Page 32</p> <p>1 A. If you went to yard. 2 Q. Okay. What kind of things would you do in 3 the yard for those five hours a week? 4 A. It varied; walk around, you know, play 5 basketball, you know, lift weights. That's it. 6 Q. And you said that you worked out in your 7 cell four times a week as of April 2010, right? 8 A. (Nodding.) 9 Q. Can you tell me what sort of things you 10 would do in your cell during that time? 11 A. Pushups, you know, jog around, curl bag, 12 squats, mostly cardio. 13 Q. Cardio? 14 A. Yeah. 15 Q. In the cell? 16 A. Yeah. 17 Q. Jumping jacks? 18 A. Jumping jacks. 19 Q. It's hard to do cardio in the cell. That's 20 why I'm wondering what you meant. 21 A. Well -- 22 Q. I guess, if you do squats fast enough, 23 that's cardio, right? 24 A. Well, you've got a big cell. You could walk</p>
<p style="text-align: right;">Page 31</p> <p>1 of NPH in the morning? 2 A. Yeah, yeah, mixed in one syringe. 3 Q. And would the same be for the evening, one 4 shot -- 5 A. Yeah. 6 Q. -- of regular and one shot of NPH? 7 A. But different units. 8 Q. Different dosages? 9 A. Yeah. 10 Q. Higher dosage in the evening? 11 A. No. 12 Q. Lower dosage in the evening? 13 A. Yes. 14 Q. Do you remember what the dosage was in the 15 evening? 16 A. No. 17 Q. Okay. I want to talk a little bit more 18 about, let's say, April 2010, okay? Are you with me? 19 A. Mm-hmm. 20 Q. Okay. You said that you exercised twice a 21 week, which was a total of five hours. That was 22 outside the cell, right? 23 A. Yeah. 24 Q. Okay.</p>	<p style="text-align: right;">Page 33</p> <p>1 back and forth fast. 2 Q. How big was your cell at that time? 3 A. To [sic] the window to there, you know. 4 Q. About as long as from the door to the 5 window? 6 A. No, no, no 7 Q. Right here (indicating)? 8 A. To the window. 9 Q. How about width? Same as this room? 10 A. I'm going to say to the table to the wall. 11 Q. Okay. So other than being in the yard doing 12 the activities you talked about and being in the cell 13 doing the activities you talked about, what other 14 things would you do just in your -- in your normal day 15 in, let's say, April 2010? Just give me an idea of 16 your daily schedule at that time. 17 A. Talk to a cellie, talk to a neighbor, you 18 know, call some friends. That's it. 19 Q. Any other physical activities that you would 20 do in your day other than what we already talked about? 21 A. I mean, if I'm alone, you know, some girly 22 books, you know. 23 Q. Any other -- 24 A. You want me to --</p>

9 (Pages 30 to 33)

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1 Q. No, no, no, no. I don't want to talk about  
 2 that. I meant -- I guess some consider that physical  
 3 activity, but --

4 A. It's cardio.

5 Q. I mean -- Well, now I'm thrown off. I asked  
 6 the question.

7 MR. STIEHL: We actually prepped him for that, so  
 8 I don't know if --

9 MR. ELIASER: It worked. It threw me off.

10 BY MR. ELIASER:

11 Q. All right. So I just want to make sure I  
 12 have everything.

13 So in the yard, you would walk around; you  
 14 would play basketball; you would lift weights.  
 15 Anything else you would do in the yard during your five  
 16 hours a week?

17 A. No.

18 Q. That's everything?

19 A. Yeah.

20 Q. Okay. I want to turn your attention to  
 21 May 1st, 2010, now, the day -- the reason why we're all  
 22 here, okay. I want you to take me through that day in  
 23 your own words. So start with the very beginning of  
 24 the day and tell me what happened.

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1 A. I'm -- You know, as you know, I'm a diabetic  
 2 and supposed to get an insulin shot in the morning. It  
 3 was 3- -- no -- 7- -- I don't remember. Well, in the  
 4 morning -- I don't know what shift. I'm thrown off --  
 5 I was supposed to get an insulin shot from whoever. I  
 6 didn't get it.

7 Q. You said 1:00 a.m.; is that what you said?

8 A. No, from somebody.

9 Q. Oh, I thought I heard 1:00 a.m. I'm sorry.  
 10 Okay.

11 A. I was supposed to get an insulin shot by a  
 12 nurse or a med tech, and I didn't get it. So on  
 13 7:00-to-3:00 shift, you know -- no -- 11:00 to 7:00, I  
 14 was supposed to get my morning insulin shot. Didn't  
 15 get it.

16 Then on the 7:00-to-3:00 shift, you know, I  
 17 was complaining to security that I need my insulin  
 18 shot, you know. CMT Bacot refused to give me my  
 19 insulin shot when she came. You know, the cellhouse  
 20 serg, you know, called and said that nothing's  
 21 happening. I told him, I need to go get my insulin  
 22 shot --

23 Q. You told who?

24 A. The serg.

1 Q. Okay. Sorry. I couldn't hear you.

2 A. (Continuing.) -- and he said he'd work on  
 3 something.

4 Then I was complaining to the other guards  
 5 that I need my insulin shot, can they take me up. They  
 6 were all just laughing at me, waving me off, you know.

7 Then I started getting, you know -- because  
 8 I ate breakfast, you know, and I started getting -- you  
 9 know, my blood sugar level started going up. I kept on  
 10 complaining more, you know, telling them I need to get  
 11 my insulin shot, you know; and they're saying, Ain't  
 12 nothing happening. We're on lockdown. No movement,  
 13 you know.

14 I said, This is an emergency. You need --  
 15 You know, you need to take me to get my insulin shot.  
 16 They were all laughing and just ignored me.

17 And then kind of, like, at lunchtime, they  
 18 were passing out -- you know, Maldonado and Norman, two  
 19 guards, were passing out lunch trays on my gallery; and  
 20 by that time, I -- you know, I was weak and passed out.  
 21 You know, I -- I urinated all over myself.

22 Q. I'm sorry?

23 A. Urinated all over myself. You know, they  
 24 were laughing at me when they came to the door. I told

1 them, I need to get my insulin shot. They left, you  
 2 know.

3 And then the next thing I know, you know,  
 4 faintly, I heard, you know, this -- you know, they're  
 5 saying that, Hey, you need to get up here and look at  
 6 this guy. He's on the floor.

7 Next thing I know, they're -- they're  
 8 carrying me -- carrying me out the cellhouse to the ER.

9 While at the ER, the doctor prescribed to  
 10 give me an insulin shot, put me in the infirmary, you  
 11 know, for observation. You know, my blood sugars  
 12 immediately came under control. She said that after  
 13 I'm done eating and getting my evening shot, I could go  
 14 back to the cellhouse.

15 Q. Who said that?

16 A. Dr. Zhang, you know. She worked -- from  
 17 Wexford.

18 (Continuing.) And, you know, she said, When  
 19 you're done eating and getting your insulin shot, you  
 20 could go back to the cellhouse, you know.

21 Q. What meal was she referring to?

22 A. Dinner. Before dinner came, Nurse Breske,  
 23 Gloria Breske, she came, tested my blood sugar level.  
 24 It was 115.

10 (Pages 34 to 37)

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1 Q. One, one, five, right?  
 2 A. Yeah.  
 3 Q. Okay. Which is normal, right?  
 4 A. Yeah.  
 5 Q. Okay.  
 6 A. And she left, you know. I got my dinner.  
 7 They told me to eat. You know, I ate. I'm expecting  
 8 my insulin shot. I told the guard, you know, Can you  
 9 tell the nurse, you know, to come back and give me my  
 10 insulin shot?  
 11 The guard left, came back and said, You're  
 12 not getting it.  
 13 I told him, you know, I'm a diabetic. I  
 14 need to get my insulin shot.  
 15 So she told Gloria, you know, Breske. She  
 16 came back to the cell in the infirmary and she told me,  
 17 Your blood sugar level is normal. You ain't getting  
 18 it.  
 19 Q. Who told you, Breske?  
 20 A. Yeah. So you know, I was telling her, you  
 21 know, What are you talking about? You know, I need my  
 22 insulin shot. I'm a diabetic. You can't just deny it,  
 23 you know.  
 24 She said something about, This is the

1 She told the guard, He could go back to the  
 2 cellhouse. That's from her, from Breske.  
 3 So while the guard was escorting me back out  
 4 the healthcare unit, you have the ER, you know; and  
 5 while I was going past it, I stopped and I saw Nurse  
 6 Rossiter, Athena Rossiter, and another nurse.  
 7 Q. Do you know who the other nurse was?  
 8 A. No, I -- No.  
 9 Q. Okay. What does Rossiter look like? Can  
 10 you describe her?  
 11 A. You know, maybe 5'5", 5'9", chubby, long --  
 12 Q. Did you say blond?  
 13 A. No. Chubby, long -- long brown --  
 14 blondish-brown hair.  
 15 Q. So you said 5'5" to 5'9", chubby with long  
 16 blondish-brown hair, right?  
 17 A. Maybe a little shorter.  
 18 Q. Any other characteristics you can describe  
 19 to me of Athena Rossiter, physical-appearance-wise?  
 20 A. She -- She looks like she's got a -- just a  
 21 disgusted look on her face, you know.  
 22 Q. She always looks like that or --  
 23 A. Yeah.  
 24 Q. Yeah?

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1 doctor's orders, you know.  
 2 Q. Do you remember exactly what she said?  
 3 A. Yeah -- Well, exactly verbatim or close?  
 4 Q. Well, what do you remember? What did she  
 5 say to you?  
 6 A. Breske?  
 7 Q. Yeah.  
 8 A. When she came to the door, she's like, you  
 9 know, before she tested my blood sugar, you know, Let  
 10 me test your blood sugar before you eat. She's like,  
 11 Ah, that's pretty good, you know, normal, and she left.  
 12 I eat, you know -- So I ate. She, you know,  
 13 told the guard -- she comes to my cell and she's like,  
 14 You're not getting it, you know.  
 15 I said, Why not?  
 16 She said that you know your blood sugar  
 17 level's normal. You don't need it.  
 18 I go, What do you mean, I don't need it?  
 19 I'm a diabetic. I need my insulin shot.  
 20 She said, Per doctor's orders, that if it's  
 21 normal, you don't get your insulin shot.  
 22 You know, you want me to (unintelligible)  
 23 the swear words, you know. Are you crazy? You know,  
 24 you can't deny me my insulin shot. I'm a diabetic.

1 A. Yeah, like, You guys shouldn't get nothing,  
 2 you know. I don't know; that look, you know, like ...  
 3 Q. She always looks like that?  
 4 A. Yeah, just, like, a disgusted look like, I  
 5 shouldn't even be here. Why am I here? That's what --  
 6 Like, I don't want to work here, you know, that type of  
 7 look.  
 8 Q. Does she still work here?  
 9 A. But I'm not a mind reader, so --  
 10 Q. I understand. I'm just asking you for  
 11 physical appearance.  
 12 Does she still work here; do you know?  
 13 A. Rossiter?  
 14 Q. Yeah.  
 15 A. Yeah.  
 16 Q. Okay. Have you seen her recently?  
 17 A. Yeah.  
 18 Q. When was the last time you saw her?  
 19 A. Within a week. I don't know what day, but,  
 20 you know ...  
 21 Q. Did she look the same back then as she does  
 22 now, same general appearance that you just described to  
 23 me?  
 24 A. Yeah.

11 (Pages 38 to 41)

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1 Q. Okay. All right. So we left off at the  
 2 guard was escorting you through the ER back out to your  
 3 cell, right?

4 A. Yes. I stopped at the ER, and I told them,  
 5 you know -- I told them I need my insulin shot.

6 Q. You told who?

7 A. Rossiter and the other nurse.

8 Q. You told Rossiter to her face?

9 A. Yeah. They were -- They were behind a cart  
 10 putting psychotropic medication in little envelopes,  
 11 and I told them that I need my insulin shot.

12 And they're like, with a smile, like, you  
 13 know, Hey, you know, Breske said that you don't get it.

14 Q. That's what Rossiter said?

15 A. Yeah, and the other nurse. And I told them,  
 16 What do you mean? I'm a diabetic. You know I'm a  
 17 diabetic. I need my insulin shot, you know.

18 They're like, you know -- put their hands  
 19 up -- One nurse did. The other nurse that I don't know  
 20 put her hands up, you know. Rossiter, she just, you  
 21 know, didn't do nothing, didn't respond.

22 Then --

23 Q. What time was that?

24 A. I don't recall. It was -- It was -- It was

1 Q. So after Rossiter went back to putting her  
 2 psychotropic meds into the envelopes, that's what  
 3 was -- That's where we left off, right?

4 A. Yeah.

5 Q. And the other nurse had put her hands up  
 6 saying, I can't do -- you know, indicating she couldn't  
 7 do anything?

8 A. Yeah.

9 Q. Okay. So then what happened?

10 A. You know, I went out, got escorted back to  
 11 the cellhouse.

12 Q. And that was between 6:00 and 8:00 p.m., you  
 13 said?

14 A. Yeah, about -- Yeah, about then.

15 Q. Okay. What happened next?

16 Who escorted you, first of all?

17 A. I don't know the guard's name.

18 Q. Okay. What happened next?

19 A. I was put back in my cell and, you know,  
 20 saw, you know, the -- I told the guard when they were  
 21 doing a count, you know, Hey, can you have the nurse,  
 22 you know, come and give me my insulin shot? I need my  
 23 insulin shot.

24 And he said, The nurse is coming around with

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1 late in the evening, about, maybe, 6:00/7:00, maybe  
 2 8:00.

3 Q. Somewhere between 6:00 and 8:00 p.m.?

4 A. Yeah. So --

5 Q. How long after dinner -- How long after you  
 6 ate dinner were you escorted out of the infirmary?

7 A. When I left the infirmary out to the  
 8 healthcare unit?

9 Q. Right.

10 A. It took about, maybe less than five minutes.

11 Q. So you ate dinner, and then five minutes  
 12 later, you were escorted out to go --

13 A. Oh, I thought --

14 Q. -- back to your cell?

15 A. -- you were talking about when I was --  
 16 left.

17 Q. No, no, no, no. That -- No. I'm asking --  
 18 What time did you eat dinner that day in the infirmary?

19 A. I don't remember.

20 Q. Can you give me an estimate like you did  
 21 just a few minutes ago?

22 A. I'm going to say between 3:30 and 4:30.

23 Q. Okay. Okay. Keep going.

24 A. And then --

1 the meds.

2 So I waited till the nurse came around, and  
 3 when I saw Rossiter again, I told her, Hey, I need my  
 4 insulin shot. You know, I mean I feel weak.

5 Q. What time was this, when Rossiter came  
 6 around?

7 A. I'm going to say about between 9:00 --  
 8 between 9:00 and 10:00.

9 Q. P.m.?

10 A. Yeah.

11 Q. Okay. And what was Rossiter doing when  
 12 she --

13 A. Passing out -- She gave me my meds, passed  
 14 out meds.

15 Q. Okay. So she physically gave you some  
 16 medication?

17 A. Yeah.

18 Q. What did she give you?

19 A. Right offhand, I don't know. I think it was  
 20 Zoloft, I believe, Vistaril.

21 Q. Were you taking both at the time?

22 A. (Nodding.)

23 Q. Yeah. So it would have been "and"; it would  
 24 have been Zoloft and Vistaril, right?

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<p>1 A. Yeah.</p> <p>2 Q. Okay. Was she just handing out just</p> <p>3 psychotropic meds or was she handing out all types of</p> <p>4 meds?</p> <p>5 A. Just psychotropic.</p> <p>6 Q. Okay. So she handed you your medication,</p> <p>7 right?</p> <p>8 A. And I told her that I feel weak, dizzy, and</p> <p>9 I need my insulin shot, you know. I mean, you could</p> <p>10 test my blood sugar level and it will show you that I</p> <p>11 need an insulin shot. She said she'll come back, you</p> <p>12 know, test me, and give me my insulin shot. But after</p> <p>13 she was done, you know, passing out the meds, you know,</p> <p>14 she never came back.</p> <p>15 Q. So tell me exactly what she said to you</p> <p>16 after you told her that you felt weak and dizzy and</p> <p>17 that you need your insulin shot. What did -- exactly</p> <p>18 did she say to you?</p> <p>19 A. She said that after I'm done passing out the</p> <p>20 meds, you know, because she had to do another</p> <p>21 cellhouse, she'll come back -- I'll come back, I'll</p> <p>22 test your blood sugar, and give you your insulin shot,</p> <p>23 all right?</p> <p>24 Q. I'm like, Okay. I need it.</p>	<p>1 my blood sugar level. It was normal.</p> <p>2 Q. Did you say anything to him when he came to</p> <p>3 see you?</p> <p>4 A. Yeah.</p> <p>5 Q. What did you say to him?</p> <p>6 A. I told -- He's like, you know, Are you doing</p> <p>7 all right?</p> <p>8 I'm like, Yeah.</p> <p>9 He's like, you know, What happened?</p> <p>10 And I go, They refused to give me my insulin</p> <p>11 shot.</p> <p>12 He said, Who?</p> <p>13 I said, Gloria Bacot -- Well, first I</p> <p>14 explained from the beginning, you know, Bacot -- you</p> <p>15 know, I told him exactly what happened, what we just</p> <p>16 got done talking about.</p> <p>17 And he's like (vocally demonstrating), and</p> <p>18 he just shook his head like, you know, this shit's</p> <p>19 crazy.</p> <p>20 Q. Okay. So he asked you -- I'm trying to --</p> <p>21 You said that he asked you --</p> <p>22 A. Are you doing all right? You know, that's</p> <p>23 it.</p> <p>24 Q. He said, Are you doing all right?</p>
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<p>1 Then she left, and she never came back.</p> <p>2 Q. Somebody did come back, though, that night</p> <p>3 to test your blood sugar and give you an insulin shot,</p> <p>4 right?</p> <p>5 A. Yeah, another nurse on the 11:00-to-7:00</p> <p>6 shift.</p> <p>7 Q. Okay. Who was that?</p> <p>8 A. I forgot his name.</p> <p>9 Q. It was a man?</p> <p>10 A. Yeah.</p> <p>11 Q. Okay. So it would have been between</p> <p>12 11:00 p.m. on May 1st and 11:59 p.m.?</p> <p>13 A. Yeah, about that.</p> <p>14 Q. Okay. You don't remember the guy's name?</p> <p>15 A. Gary. Yeah, Gary.</p> <p>16 Q. Okay. When he came, did he say anything to</p> <p>17 you?</p> <p>18 A. I don't know what, you know -- verbatim, you</p> <p>19 know. He just tested my blood sugar level, and he</p> <p>20 just -- Here, I'm going to give you a few units of</p> <p>21 regular insulin. I'll be working. Again, I'll see</p> <p>22 you, you know, in the morning when I do rounds.</p> <p>23 Q. Okay.</p> <p>24 A. So he stopped by and he saw me and he tested</p>	<p>1 You said, Yeah.</p> <p>2 And then you told him what happened earlier</p> <p>3 in the day?</p> <p>4 A. Mm-hmm.</p> <p>5 Q. And that's all you recall telling him?</p> <p>6 A. (Nodding.)</p> <p>7 Q. Okay. And -- Yes?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. What was your blood sugar when he</p> <p>10 tested it?</p> <p>11 A. Two-something. I don't know the exact</p> <p>12 number. I think it's in the grievance. Can I look at</p> <p>13 the grievance?</p> <p>14 Q. Sure. I can look ...</p> <p>15 So you say in the -- I'm looking at</p> <p>16 page Lippert 491. You don't need any of that. You can</p> <p>17 just look at what I gave you. It's in there. Don't</p> <p>18 worry. It should be towards the end. Yeah, so keep</p> <p>19 going. The page on the bottom right of Exhibit A is</p> <p>20 Lippert 491. Are you there? Go to 491. Go to the</p> <p>21 second page of that -- that grievance -- Oh, no.</p> <p>22 That's the wrong grievance.</p> <p>23 MS. ARGENTINE: It should be the last page, I</p> <p>24 think.</p>

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1 MR. ELIASER: Yeah, you're right. It is. It's  
 2 the last page. That would have been an easier way to  
 3 describe it. That's for sure.

4 MR. STIEHL: And, Don, feel free to look -- look  
 5 through the whole document if you need to. I think the  
 6 document starts a page or two earlier.

7 THE WITNESS: 277, yeah.

8 BY MR. ELIASER:

9 Q. Do you remember the dosage of insulin he  
 10 gave you?

11 A. No. He gave me -- He gave me some regular,  
 12 though, some fast-acting to bring my blood sugar level  
 13 down.

14 Q. Okay. He didn't give you any NPH?

15 A. No.

16 Q. Okay. When you had your shot of insulin in  
 17 the infirmary earlier that day, what type of insulin  
 18 was it and what dosage was it?

19 A. If I would have got it?

20 Q. No, no, when you did get it.

21 A. I didn't get it in the infirmary.

22 Q. When you were first taken to the  
 23 infirmary --

24 A. Oh, from the cellhouse?

1 Q. Okay.

2 A. -- on 11:00-to-7:00 shift in the morning.

3 Q. Gotcha. Mr. Lippert, I'm going to turn your  
 4 attention to one of your grievances in Exhibit A, and  
 5 that is the grievance against the F house security.  
 6 That starts on page 278. On the bottom right, you'll  
 7 see Lippert Master File 000278. Let me know when you  
 8 find that.

9 Are you there?

10 A. Yep.

11 MS. ARGENTINE: Don, make sure you have 278, 279,  
 12 and 280. That's the whole grievance.

13 THE WITNESS: I got 278, 279, and 280.

14 BY MR. ELIASER:

15 Q. Yep.

16 MS. ARGENTINE: Okay.

17 BY THE WITNESS:

18 A. All right.

19 Q. All right. So you know how this process  
 20 works. You -- You author a grievance, and there's a  
 21 counselor's response, which is what we see here on this  
 22 page, right?

23 A. Mm-hmm.

24 Q. Okay. And if you'll look at the counselor's

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1 Q. Right.

2 A. Oh.

3 Q. When you were first taken there and you were  
 4 seen by Dr. Zhang, you were given insulin, right?

5 A. Yeah.

6 Q. Do you remember what dosage or what type of  
 7 insulin it was?

8 A. No. That was regular insulin. I don't know  
 9 what the dose was.

10 Q. No NPH?

11 A. No NPH, because it wouldn't -- No NPH.

12 Q. Did you know who the nurse, Gary, was? Had  
 13 you seen him before?

14 A. Yeah.

15 Q. Who was he?

16 A. Just some male -- a male nurse.

17 Q. Did he test your blood sugar and give you  
 18 insulin prior to that day? I mean, did you know him  
 19 from that?

20 A. Yeah, yeah. He -- He did -- passed out  
 21 meds, did insulin shots, because he came back early in  
 22 the morning.

23 Q. Again, on May 2nd?

24 A. To give me my insulin shot --

1 response for me --

2 A. Mm-hmm.

3 Q. -- it says per nursing staff, you did not  
 4 receive insulin because you did not get up when called?

5 A. That's a lie. I was up. I was watching TV  
 6 because they -- they passed out breakfast. So I was  
 7 already up, and I was expecting my insulin shot. So I  
 8 wasn't asleep.

9 Q. So you were up watching TV?

10 A. Yeah.

11 Q. And Nurse Bacot -- Is that how you pronounce  
 12 it?

13 A. Bacot.

14 Q. Bacot?

15 A. Yeah.

16 Q. Did she come around to your cell at all that  
 17 morning?

18 A. No, she didn't stop at my cell at all.

19 Q. Did you see her walking around?

20 A. I saw someone, because when I was laying  
 21 down, my TV, you know, don't have a good view. You  
 22 have a good view of the door. And it's perforated, so  
 23 you see a bunch of holes. On that shift, the lights  
 24 are down, but I saw someone walk past. And I thought

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1 it was the guards doing the a.m. count. No one came  
 2 back, you know. No one stopped at my cell. So then  
 3 next shift, I started hollering, you know, I need my  
 4 insulin shot.

5 But I was up. This is a lie, but ...

6 Q. Okay. Give me one second.

7 How did you know it was Nurse Bacot if you  
 8 just saw this person from a distance and you didn't  
 9 actually have an interaction with her that morning?

10 A. Because the other diabetics said it was her.

11 Q. On that day?

12 A. Yeah.

13 Q. You asked -- You asked your neighbors?

14 A. Yes, I asked them. I'm like, Man, you know,  
 15 did you get your insulin shot?

16 And he said, Yeah.

17 I'm like, Who came?

18 Bacot.

19 Q. And they told you it was Nurse -- it was  
 20 Bacot?

21 A. Yeah.

22 Q. Do you remember the people that you talked  
 23 to about this, the neighbors? Who were they?

24 A. Well, not my neighbors, other diabetics that

1 you're at the door, you can see the person, you know.  
 2 So I know who I was talking to.

3 Q. I'm just trying to be clear here. You  
 4 didn't see his face, but you saw his cell and you heard  
 5 his voice, right?

6 A. Well, see him perfectly like the way I can  
 7 see you, it wasn't like that; but I could see, you  
 8 know, it was him.

9 Q. Okay. So when you first arrived in the  
 10 infirmary -- Am I using that term correctly, or do you  
 11 say ER? When you first arrived -- What would you call  
 12 that, the infirmary or the --

13 A. That was the ER.

14 Q. That was the ER. Okay. So when you first  
 15 arrived, you were seen by Dr. Zhang, right?

16 A. Yeah.

17 Q. Okay. And your complaint to Dr. Zhang was  
 18 that you didn't receive your insulin that morning,  
 19 right?

20 A. Right.

21 Q. Did you make any other complaint to him, or  
 22 was it just, I didn't receive my insulin?

23 A. Ms. Bacot was there, too. I said, She  
 24 refused to give me my insulin shot, you know.

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1 was on the gallery.

2 Q. How did you talk to them if you were --

3 A. Just yelled.

4 Q. You yelled. Okay. Who were they?

5 A. Lowe (phonetic), you know, Inmate Lowe. He  
 6 [sic] a diabetic, and he hollered down and said it was,  
 7 you know, Bacot.

8 Q. Is he on a different level than you?

9 A. Yeah.

10 Q. What level were you on?

11 A. I was on three gallery.

12 Q. And he was on what level?

13 A. He was on four.

14 Q. Okay. And was it only Lowe, or was there  
 15 someone else that also told you that morning that it  
 16 was Bacot?

17 A. Just Lowe.

18 Q. Just Lowe. How did you know it was Lowe?  
 19 Could you see him?

20 A. No. I called him. I know his --

21 Q. You know his voice?

22 A. Yeah.

23 Q. Okay. But you didn't see him?

24 A. Well, I saw him at the door. I know -- When

1 Q. Okay.

2 A. And then, you know, somebody said something  
 3 about, Oh, you refused, you know. And I'm -- You know,  
 4 the nurse -- Zhang was like, you know, We're going to  
 5 give you an insulin shot.

6 Q. Okay. Did you --

7 A. You know, to keep me shut up, here's your  
 8 insulin shot. Here. That was it.

9 Q. Okay. So you told him you didn't get the  
 10 insulin that morning, and you told him that Bacot had  
 11 made rounds but didn't give you the insulin.

12 Did you make any other complaint to him, or  
 13 is that what you said to Dr. Zhang at that time? Is  
 14 that everything?

15 A. I told her this.

16 Q. Oh, I'm sorry. Her. Is that everything you  
 17 told her at that time?

18 A. Yeah.

19 Q. Yes?

20 A. Yeah, what I know of.

21 Q. Okay. Now, the last person that came in and  
 22 evaluated you in the infirmary was Nurse Breske, right,  
 23 when she checked your blood sugar and it was 115?

24 A. Nurse Breske.

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1 Q. Right. What did you tell her at that time?  
 2 A. I told her nothing. She said, Let me test  
 3 your blood sugar, you know.

4 Q. Okay. And you said --

5 A. I told her, Well, you know, where's my  
 6 insulin shot?

7 She said, Eat first.

8 You know, I ate; and I told the guard, you  
 9 know, Hey, I need my insulin shot.

10 Q. But you didn't make any other complaints to  
 11 Breske at that time, right, other than you requesting  
 12 your other insulin shot?

13 A. Yeah. Then when she -- Yeah.

14 Q. Okay. After Nurse Gary gave you your  
 15 insulin shot between 11:00 p.m. and 11:59 p.m., did you  
 16 feel fine after that?

17 A. Yeah.

18 Q. Okay.

19 A. I mean, better than I was when he came and  
 20 showed up, yeah. But I still had problems, you know,  
 21 muscle tightness, headaches, you know.

22 Q. When did those go away?

23 A. The headaches and muscle cramps?

24 Q. Yeah. Did they go away in the morning of

1 felt those headaches in the hundreds of hyper- --  
 2 hyper- and hypoglycemia episodes you had in the past?

3 A. I'd say, yeah. You know, I mean ...

4 Q. And that was the worse muscle cramping you  
 5 had ever felt in the hundreds of episodes you had  
 6 before that?

7 MR. STIEHL: Objection, mischaracterizes his  
 8 testimony.

9 Go ahead.

10 BY MR. ELIASER:

11 Q. You can answer the question.

12 A. I can answer?

13 Q. You can answer my question.

14 A. I wouldn't -- I would compare it -- Yeah. I  
 15 mean, I would -- I don't know what to say because I  
 16 didn't have my insulin shots for, basically, a whole  
 17 day, you know, my regular doses. So yeah, my body, it  
 18 was -- Yeah, it was a lot worse than, you know, having  
 19 300, you know, blood sugar levels, 400, because I get  
 20 my insulin shot right after, you know.

21 Q. Yeah. So --

22 A. But this time, I didn't have my insulin  
 23 shots for a whole day except little units of regular.  
 24 So it -- my body was -- Yeah, it was hurting a lot

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1 May 2nd? Because you had --

2 A. Oh, no. I felt that -- I felt that stuff  
 3 for days, I mean, like, three, four days afterwards. I  
 4 mean, it was just -- I mean, when you have high blood  
 5 sugar, especially if you're being refused your insulin  
 6 shots twice, you know, the acidosis will just ...

7 Q. So you had muscle cramping and headaches for  
 8 a couple days after --

9 A. Yeah.

10 Q. -- May 1st?

11 A. (Nodding.)

12 Q. Okay. Did those feel like the same  
 13 headaches and the same muscle cramps that we talked  
 14 about earlier in the deposition that you had  
 15 experienced in prior episodes? Did it feel like that?

16 A. Worse.

17 Q. Worse?

18 A. Yeah.

19 Q. How so?

20 A. How so?

21 Q. Yeah.

22 A. It's just -- It's blurry vision, you know,  
 23 headache. It's just ...

24 Q. And you're saying that's the worse you ever

1 more.

2 Q. Did you call -- Did you complain to people  
 3 about your headaches and your muscle cramps?

4 A. Yeah.

5 Q. Who did you complain to?

6 A. To the doctors, physician assistant,  
 7 Dr. Williams.

8 Q. When they came around to your cell, you  
 9 mean?

10 A. You know, I saw her when she was doing sick  
 11 call, you know, doing sick call in the cellhouse.  
 12 Going on a visit, you know, I'd stop and tell her, Hey,  
 13 you know what, I need to be put on sick call.

14 Q. What day was that?

15 A. I don't know.

16 Q. Was it the next day? Was it two days after?

17 A. I can't recall, but I know I've -- I seen,  
 18 you know ...

19 Q. So what did you tell Williams when you saw  
 20 her?

21 A. I just told her I got some -- man, some bad  
 22 headaches, you know.

23 And she's like, What happened?

24 Well, I told her. I'm like, Man, I'm just

16 (Pages 58 to 61)

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1 being refused my insulin, you know.  
 2 When was this? You know.  
 3 I told her, Hey, just a while. You know,  
 4 they just refused to give me my insulin shot for a  
 5 whole day, you know. I just got low insulin. You  
 6 know, I -- just my muscles are hurting. My head's  
 7 hurting. You know, can you put me on for sick call?  
 8 You know. And I told her some other problems, you  
 9 know, for my feet. So --  
 10 Q. Did she put you on sick call?  
 11 A. Yeah.  
 12 Q. So did you see someone in sick call?  
 13 A. Yeah.  
 14 Q. Who did you see?  
 15 A. Dr. Williams.  
 16 Q. A different day?  
 17 A. Yeah.  
 18 Q. What day?  
 19 A. I can't recall what day it was.  
 20 Q. Was it less than a week after May 1st?  
 21 A. I couldn't tell you.  
 22 Q. Was it a month after May 1st? Was it --  
 23 A. No. It wasn't like that.  
 24 Q. Less than a month after May 1st?

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1 A. Yeah, yeah.  
 2 Q. So other than the headaches and the muscle  
 3 cramps -- that lasted a few days, you said?  
 4 A. Yeah.  
 5 Q. (Continuing.) -- anything else?  
 6 A. No.  
 7 Q. No. Okay.  
 8 MR. STIEHL: Do you need to take a break and  
 9 stretch out? Are you okay? You can take a break.  
 10 THE WITNESS: No, no, no. It's just I got a  
 11 charley horse. I could listen, but I'm going to be ...  
 12 BY MR. ELIASER:  
 13 Q. You can stand up if you want.  
 14 Okay. So I just want to make sure -- have  
 15 you now told us about all the conversations and  
 16 interactions you had with people on May 1st, 2010?  
 17 Have we covered everything on that day?  
 18 A. Yeah.  
 19 Q. Yes?  
 20 A. Yep.  
 21 Q. You authored three grievances on May 12th,  
 22 2010, right?  
 23 A. Yeah, I believe.  
 24 Q. You can take a look if you want. There's

1 one against F house security. That's what we just  
 2 looked at, 278 to 280. There's one on 494 and 495.  
 3 That's against Nurse Adrian Bacot. And there's one --  
 4 A. And Zhang.  
 5 Q. -- from 489 to 491. That's authored against  
 6 Dr. Zhang, Nurse Breske, and two unnamed nurses, right?  
 7 A. Yeah.  
 8 Q. Okay. So I want to talk about that  
 9 grievance that you wrote against Dr. Zhang, Nurse  
 10 Breske, and the two unnamed nurses, okay?  
 11 A. All right.  
 12 Q. So you did not name Nurse Rossiter by name  
 13 in this grievance, right?  
 14 A. No.  
 15 Q. I'm correct? What I said was correct, that  
 16 you had -- you did not name Rossiter by name in the  
 17 grievance, right?  
 18 A. Correct.  
 19 MR. ELIASER: What did he say?  
 20 MR. STIEHL: Correct.  
 21 MR. ELIASER: Okay. Sorry. I couldn't hear.  
 22 BY MR. ELIASER:  
 23 Q. Okay. So you didn't know that the unnamed  
 24 nurse was Nurse Rossiter at the time you wrote this

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1 BY MR. ELIASER:

2 Q. We know that you did not know the name of  
3 Ms. Rossiter on May 12th, 2010, right?

4 A. Yeah.

5 Q. Okay. We know that later -- We know that  
6 after May 12th, 2010, you asked her what her name was,  
7 right?

8 A. Yeah.

9 Q. When was that? How long after May 12th was  
10 that?

11 A. Maybe a week.

12 Q. Did you ever ask the other unnamed nurse  
13 what her name was?

14 A. I tried, but, you know, it was no luck.

15 Q. Do you know who that person is to this day?

16 A. No.

17 Q. Did you ever see that person walking around  
18 after May 1st?

19 A. What, the unnamed nurse?

20 Q. The other unnamed nurse, yeah.

21 A. After May 1st, yeah, I saw her a couple  
22 times; but --

23 Q. But you didn't --

24 A. -- it was, you know, from a distance.

1 Q. Okay. And it would have made its way to the  
2 grievance office, right?3 A. It would have made it to the counselor  
4 first. Then she would have forwarded it back or  
5 forwarded it to the healthcare unit.6 Q. Okay. And then I want to look at the other  
7 two grievances, the one against Nurse Bacot and the one  
8 against Dr. Zhang, Breske, and two unnamed nurses.

9 A. Mm-hmm.

10 Q. Those don't have any counselor's response  
11 and don't have any stamps at the top right; is that  
12 correct?

13 A. Correct.

14 Q. So is it fair to say, then, these were never  
15 submitted to the counselor?16 MR. STIEHL: Objection, misstates evidence.  
17 If you know -- and calls for speculation.

18 You can answer if you know.

BY THE WITNESS:

20 A. I did send them. All of them came back.  
21 You know, these two were like this, you know.

22 Q. They all came back together?

23 A. Yeah.

24 Q. And only one had the stamp and the response

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1 Q. So you never saw her in close enough  
2 proximity where you were able to ask her her name?

3 A. Yeah.

4 Q. Does that nurse still work here?

5 A. I haven't seen her, to tell you the truth.

6 I don't know if she does. I haven't seen her.

7 Q. Now, the grievance we were talking about  
8 earlier, the one against the F house security, the one  
9 on pages 278 to 290, we saw that there was a  
10 counselor's response that we already talked about,  
11 right?12 I'll give you time to get organized there.  
13 Yeah, you got it.

14 There's a counselor's response, right?

15 A. Mm-hmm.

16 Q. Yes?

17 A. Yep.

18 Q. Okay. And there's a stamp at the top right  
19 that says received, grievance office, June 7, 2010,  
20 right?

21 A. Yep.

22 Q. So you would have submitted this grievance  
23 to who?

24 A. To the counselor.

1 on it?

2 A. That's it, from the counselor.

3 Q. Did you submit all three of these at the  
4 same time?

5 A. Yeah.

6 Q. All three of them to the counselor?

7 A. Yeah.

8 Q. Who was the counselor at the time?

9 A. Whitting (phonetic).

10 Q. Who?

11 A. Whitting, Kevin Whitting.

12 Q. Do you actually remember physically handing  
13 these to the counselor?

14 A. No. I mailed them.

15 Q. You mailed them to the counselor. Okay.

16 But you specifically put them -- you remember putting  
17 them in the mail?18 A. Yeah. I wrote -- You know, I wrote  
19 grievances against him for not doing his job, you know,  
20 answering grievances.21 Q. Why did you wait 11 days to author these  
22 grievances?23 A. Well, I was -- I had to get the name, you  
24 know, and then got sidetracked with some other stuff.

18 (Pages 66 to 69)

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1 Q. Get the name of who?

2 A. Well, Rossiter, you know, and the other  
3 unnamed nurse. Then I got sidetracked with some  
4 other -- this other stuff. That's why I waited.

5 Q. But you never got their names prior to the  
6 grievance, right?

7 A. No.

8 Q. So why did you ultimately submit it on  
9 May 12th without getting their names?

10 A. Because I didn't get them then. So I can't  
11 put a name, you know, that I don't know on a grievance  
12 that, you know -- I'm not going to say Bob did it but  
13 Earnest was there.

14 Q. You said that you got sidetracked.

15 A. Yeah.

16 Q. What did you get sidetracked with between  
17 May 1st and May 12th?

18 A. I don't know; something. It's prison.

19 Q. You just know generally that you got  
20 distracted by something else and so you didn't get  
21 around to authoring the grievances until May 12th; is  
22 that correct?

23 A. Yep.

24 MS. PTASZNIK: Can we take a short break?

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1 MR. ELIASER: Yeah. I was just going to say that.  
2 (A short break was had.)

3 BY MR. ELIASER:

4 Q. Mr. Lippert, you've experienced symptoms of  
5 diabetes post May 1st, 2011, right?

6 A. Yes.

7 Q. And are they the same symptoms that we  
8 talked about earlier today: the eye blurriness; poor  
9 vision; hot and cold flashes; numbness, tingling and  
10 burning in the legs and feet; pain in the toes, feet,  
11 and heels; and everything else that we talked about at  
12 the beginning of the deposition?

13 A. Over time, I mean, I had the symptoms, but  
14 it's just constant, you know, medical problems, you  
15 know, bad medical care. And the damage over time, it's  
16 just -- you know, it's causing more problems and it's  
17 getting worse and worse and worse and worse, you know.

18 Q. But it was getting worse and worse prior to  
19 2010, right?

20 A. Yeah, but, I mean, you know, this incident,  
21 you know, the May 1st incident, is -- is just making it  
22 worse, you know, for the long run.

23 MR. ELIASER: I'll move to strike that answer  
24 because he doesn't have the foundation to testify as to

1 that.

2 MR. STIEHL: You asked him the question, but  
3 that's okay.

4 MR. ELIASER: I can also object to what his answer  
5 is, though.

6 MR. STIEHL: That's fine. I think, out of anyone  
7 in the room who has the foundation, it's him.

8 MR. ELIASER: The question I asked him was not, in  
9 your opinion, is it related to the accident, because he  
10 would have the foundation to testify to that.

11 BY MR. ELIASER:

12 Q. My question is: Other than the symptoms of  
13 diabetes that we talked about earlier in the deposition  
14 that you experienced prior to 2010, are there any new  
15 ones that you're now experiencing that did not exist  
16 prior to 2010?

17 A. Just worse. It's just worse. I feel worse,  
18 you know. My eyes are more blurrier, you know,  
19 headaches.

20 Q. So the symptoms feel worse --

21 A. Yeah.

22 Q. -- now, as you sit here today, but there's  
23 no different symptoms -- different types of symptoms  
24 than what was present prior to 2010, right?

1 A. Yeah.

2 Q. Okay. Did you have episodes -- Did you have  
3 additional episodes of hypo- or hyperglycemia between  
4 May 1, 2010, and today?

5 A. Not what I -- I can recall.

6 MR. ELIASER: Did he say, Not that I can recall?

7 MR. STIEHL: Yeah.

8 BY MR. ELIASER:

9 Q. And is your daily routine and activities the  
10 same today as it was as of April 2010? Remember we  
11 talked about the five hours in the yard and the four  
12 times a week working out in your cell and the things  
13 you would do in the yard and cell? Do you still do  
14 those today?

15 A. No.

16 Q. What don't you do today that we talked about  
17 earlier?

18 A. Instead of, like, four times, it would be,  
19 like, two. If the weather was nice -- You know, during  
20 the winter, I ain't going out, so I just work in the  
21 cell.

22 Q. So you work out in the cell two times a week  
23 now?

24 A. About that.

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1 Q. And why is that? Why two times a week and  
2 not four times a week?  
3 A. Legal work, you know, some other stuff, you  
4 know, just --  
5 Q. So you're spending time doing other things?  
6 A. Yeah.  
7 Q. Okay. Do you still spend five hours a week  
8 in the yard?  
9 A. In the wintertime, no.  
10 Q. In the what?  
11 A. In the wintertime, no. I --  
12 Q. All right. Let's talk about last summer.  
13 Were you --  
14 A. Last summer?  
15 Q. Were you in the yard for the same five hours  
16 or so a week?  
17 A. I don't know if I was inside or not.  
18 Q. Are you still allotted five hours a week --  
19 A. Yeah.  
20 Q. -- in the yard?  
21 A. Yeah.  
22 Q. Okay. And last summer when it was nice out,  
23 were you still out there?  
24 A. If I was -- If I could, I was going out,

1 November 2013. Does that sound right?  
2 A. Yeah, I seen her.  
3 Q. Are you still -- Is it a girl or --  
4 A. A female.  
5 Q. Do you still see Dr. Kartan?  
6 A. Yeah.  
7 Q. Okay. And does that sound about right, that  
8 you started seeing Dr. Kartan around July 2012?  
9 A. I think so.  
10 Q. Okay. And what -- what has Dr. Kartan been  
11 treating you for?  
12 A. Well, I tell her, you know, how I feel; and  
13 she'll prescribe me what, you know, she thinks.  
14 Q. What do you tell her about how you feel?  
15 MR. STIEHL: I'm just going to object. I just --  
16 I'm sorry. I don't know what the -- There's probably  
17 HIPAA issues, and there's also probably patient-doctor  
18 privileges. I don't know what the restrictions are per  
19 our protective order regarding those issues. I  
20 understand why you're asking the question.  
21 MR. ELIASER: Okay. I mean, if there are those  
22 issues, I suppose we can always work those out  
23 afterwards.  
24 MR. STIEHL: Yeah.

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1 yeah, so -- I don't know if I was in seg or not.  
2 Q. What do you mean, if you could? What do you  
3 mean by that? You mean if they'd let you out?  
4 A. Well, see, if you get a ticket, a  
5 disciplinary ticket, they could give you yard  
6 restriction.  
7 Q. Gotcha. Okay. So if you weren't out there  
8 in the yard --  
9 A. And if it's nice out, I'm going.  
10 Q. So if you weren't out there in the yard  
11 walking around, playing basketball, lifting weights,  
12 let's say, last summer, it was because you were  
13 restricted by -- by the prison or you would be given  
14 some citation that you couldn't go out there?  
15 A. Yeah.  
16 Q. Okay. Was there any other reason why you  
17 wouldn't be out there doing that same thing last summer  
18 for five hours a week?  
19 A. No.  
20 Q. Okay. You treated with a psychiatrist by  
21 the name of Dr. Kartan (phonetic) -- Am I pronouncing  
22 that right?  
23 A. Kartan.  
24 Q. Kartan. (Continuing.) -- from July 2012 to

1 MR. ELIASER: I mean, you're going to allow him to  
2 answer the question, right?  
3 MR. STIEHL: I'm just thinking.  
4 MR. ELIASER: Yeah. That's fine.  
5 MR. STIEHL: What was the question again?  
6 (Record read as requested.)  
7 MR. STIEHL: I think there's another way to ask  
8 the question without having to get into those issues  
9 with --  
10 MR. ELIASER: All right. Let me see if I can try  
11 to rephrase it.  
12 BY MR. ELIASER:  
13 Q. Is Dr. Kartan treating you for depression?  
14 A. Yeah.  
15 Q. What else is she treating you for?  
16 A. I believe -- I don't know -- anxiety. I  
17 don't know.  
18 Q. Anything else?  
19 A. They gave me -- She prescribed me some new  
20 medication. I forgot the name of it. But, you know,  
21 it was for anger, you know.  
22 Q. For anger.  
23 A. Yeah.  
24 Q. Okay. Did you recently become more angry

20 (Pages 74 to 77)

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1 than you used to be?  
 2 A. Yeah.  
 3 Q. When did you become more angry?  
 4 A. After doing about 20 years of this, you  
 5 know ...  
 6 Q. So it's just sort of built up being in the  
 7 prison system over the 20 years? That's what's caused  
 8 the anger in your mind?  
 9 A. Yeah.  
 10 Q. Okay. Other than depression, anxiety, and  
 11 anger, is she treating you for anything else?  
 12 A. Not what I know of.  
 13 Q. Does she tell you what has caused your  
 14 depression, anxiety, or anger?  
 15 A. No. She -- She don't -- She don't do that.  
 16 She's the one that prescribes meds. I see another --  
 17 The one that prescribes meds is, what, a psychiatrist?  
 18 Q. Yeah.  
 19 A. I see a psychologist. That's Dr. Larry  
 20 (phonetic).  
 21 Q. Dr. Larry?  
 22 A. Yeah. I forgot her first name, though. But  
 23 I tell her, you know -- She asks what's going on up  
 24 here (indicating).

1 you know, a sleep ...  
 2 Q. So the insomnia is gone?  
 3 A. Well, just -- You know, it all depends. You  
 4 know, I mean -- You know, I go through another incident  
 5 with, you know, these guards, you know, retaliating  
 6 against me, the medical, you know, basically trying to  
 7 kill me, you know, I'm going to be, you know, uptight,  
 8 you know.  
 9 Q. It depends on what happens to you on a  
 10 particular day, is what you're saying.  
 11 A. Yeah. So ...  
 12 Q. Sometimes you have insomnia, sometimes you  
 13 don't depending on what that day held for you, right?  
 14 A. (Nodding.)  
 15 Q. Would the same be true for anxiety? It  
 16 depends on what happened that particular day?  
 17 A. Yeah.  
 18 Q. Okay. And would the same be true about  
 19 feelings of depression? Does it depend on what  
 20 happened to you that particular day?  
 21 A. I just get more depressed, you know. I  
 22 mean, I'm already depressed. I'm depressed right now.  
 23 Q. And in your mind, that's built up as a  
 24 result of being in prison for this amount of time?

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1 Q. Dr. Larry asks you that?  
 2 A. Yeah.  
 3 Q. I see. And what do you tell her?  
 4 MR. STIEHL: I'm going -- Same objection. Again,  
 5 I think you can ask the question outside of the  
 6 relationship with the doctor as to how he feels or what  
 7 he's thinking. I just don't think you need to impinge  
 8 upon his conversations with his doctor. That's my  
 9 concern.  
 10 MR. ELIASER: Well, I can't get his symptoms  
 11 without asking him what he tells his doctor --  
 12 MR. STIEHL: Sure, you can.  
 13 MR. ELIASER: Well, I tried asking that earlier in  
 14 the deposition, and he didn't understand what I was  
 15 saying. I'll try again.  
 16 MR. STIEHL: Okay. I think the word "symptom" is  
 17 the problem, but -- I don't want to tell you how to  
 18 take your deposition, but I just -- I don't want him to  
 19 impinge on the doctor-patient privilege. That's all.  
 20 MR. ELIASER: Give me a second.  
 21 BY MR. ELIASER:  
 22 Q. Do you still experience the same insomnia  
 23 that you told us you experienced prior to 2010?  
 24 A. No. I -- They gave me Remeron, which is,

1 A. Yeah.  
 2 Q. I'm just asking. I'm not trying to insult  
 3 you. I'm just asking you.  
 4 A. Yeah.  
 5 Q. Yes?  
 6 A. (Nodding.)  
 7 Q. Okay. Does Dr. Larry -- Well, strike that.  
 8 You said that Dr. Kartan does not explain to  
 9 you what the causes of your mental health conditions  
 10 are, right?  
 11 A. Well, they -- they know about it. It's just  
 12 like what I explained to you, you know, earlier in the  
 13 deposition, you know.  
 14 Q. Well, let me give you an example. Does  
 15 Dr. Kartan say, for example, Your depression/your  
 16 anxiety is caused because of this? Does Dr. Kartan  
 17 make representations to you like that or is that  
 18 something Dr. Larry does or both?  
 19 A. Well, both.  
 20 Q. Both.  
 21 A. But mostly Dr. Larry.  
 22 Q. Okay. What does Dr. Larry tell you in terms  
 23 of the cause of your mental health issues?  
 24 A. She basically tells me, You need to move on.

21 (Pages 78 to 81)

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<p>1 Just forgive. Just move on.</p> <p>2 Q. Move on from what? Does she tell you</p> <p>3 anything further?</p> <p>4 A. Well, just like I told you earlier in the</p> <p>5 deposition.</p> <p>6 Q. Okay. Move on from your past relationships</p> <p>7 with the people in your life; is that what you mean?</p> <p>8 A. Yeah. I mean --</p> <p>9 Q. Okay.</p> <p>10 A. -- I believe I shouldn't be here, and I told</p> <p>11 you why.</p> <p>12 Q. Okay.</p> <p>13 A. So she's saying, You need to move on. It's</p> <p>14 not doing nothing. It's hard to, you know -- So ...</p> <p>15 Q. Does she or Dr. Larry or -- Strike that.</p> <p>16 Does Dr. Larry or Dr. Kartan say anything</p> <p>17 else about the cause of your mental health issues other</p> <p>18 than what we've already talked about today? I don't</p> <p>19 want to make you say it again.</p> <p>20 A. No.</p> <p>21 Q. Nothing else? That's everything?</p> <p>22 A. Yeah.</p> <p>23 Q. I just want to ask you a few questions about</p> <p>24 your interrogatory answers, Mr. Lippert. You have a</p>	<p>1 A. Mm-hmm.</p> <p>2 Q. Okay. I want to ask you about these people.</p> <p>3 Who is Leslie Lippert?</p> <p>4 A. My brother.</p> <p>5 Q. And why is this person listed as one who has</p> <p>6 knowledge of the incident? Did you tell him about it?</p> <p>7 A. Yeah, I told him what happened.</p> <p>8 Q. Okay. Did you tell him anything else other</p> <p>9 than what happened on May 1st, 2010? Was that -- Was</p> <p>10 the subject of your conversation with him just limited</p> <p>11 to that one day?</p> <p>12 A. That, and a bunch of other, you know --</p> <p>13 Q. Like, non-related stuff?</p> <p>14 A. Yeah, non-related to 2010.</p> <p>15 Q. Okay.</p> <p>16 A. Terra Johnson is his wife.</p> <p>17 Q. And did you have that conversation with both</p> <p>18 of them at the same time?</p> <p>19 A. Yeah.</p> <p>20 Q. Yeah.</p> <p>21 A. You know, I talk to my brother on the phone</p> <p>22 and then --</p> <p>23 Q. Who's your brother?</p> <p>24 A. Les.</p>
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<p>1 copy right there. That's Exhibit B.</p> <p>2 A. It's getting hot in here.</p> <p>3 (Discussion off the record.)</p> <p>4 BY MR. ELIASER:</p> <p>5 Q. The second-to-last page in Exhibit B --</p> <p>6 there you go -- is that your signature?</p> <p>7 A. Yep.</p> <p>8 Q. Yes?</p> <p>9 A. Yep.</p> <p>10 Q. Okay. So you recognize this document; you</p> <p>11 reviewed the answers in this document and signed it</p> <p>12 indicating that -- Well, strike that. That's a</p> <p>13 horrific question. I wasn't even going to try and save</p> <p>14 that one.</p> <p>15 You reviewed this document, correct?</p> <p>16 A. Yep.</p> <p>17 Q. Okay. And so all the answers in there, to</p> <p>18 the best of your knowledge, are true, accurate, and</p> <p>19 complete?</p> <p>20 A. Yep.</p> <p>21 Q. Turn to page 4 for me, please. I'm going to</p> <p>22 direct your attention to the answer to No. 5. You list</p> <p>23 some people that have knowledge of the incident at</p> <p>24 issue, right?</p>	<p>1 Q. Who?</p> <p>2 MR. STIEHL: Leslie.</p> <p>3 BY THE WITNESS:</p> <p>4 A. (Continuing) -- talk to her on the phone.</p> <p>5 Q. Okay. And your conversation with Terra,</p> <p>6 again, would have been just limited --</p> <p>7 A. The same.</p> <p>8 Q. -- to May 1st, 2010?</p> <p>9 A. (Nodding.)</p> <p>10 Q. Okay. And who's Roger Thornton? Well, I</p> <p>11 see it says Stateville Correctional Center --</p> <p>12 A. Inmate.</p> <p>13 Q. -- Plaintiff's former cellmate. I see that.</p> <p>14 Okay. When was -- Was he your cellmate</p> <p>15 during the incident?</p> <p>16 A. No.</p> <p>17 Q. When was he your cellmate?</p> <p>18 A. 2006/2007. He's in the cellhouse. So you</p> <p>19 know, I saw him, you know, going to the healthcare</p> <p>20 unit, and I told him what happened (inaudible) --</p> <p>21 THE COURT REPORTER: I'm sorry. I can't hear you.</p> <p>22 MS. ARGENTINE: Don, could you speak up a little?</p> <p>23 THE WITNESS: I'm sorry.</p> <p>24 THE COURT REPORTER: No. That's okay.</p>

22 (Pages 82 to 85)

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<p>1        THE WITNESS: No, it's not that. It's just me not      2 talking ...</p> <p>3 BY THE WITNESS:</p> <p>4        Q. So you saw Roger on May 1st, 2010, during      5 the incident?</p> <p>6        A. No. No, I didn't see him. He wasn't in the      7 cellhouse. He's from a different cellhouse. I saw him      8 within the compound, you know, at the healthcare unit.      9 He's up there for his medical treatment, and I saw him,      10 you know. And I told him about the incident.</p> <p>11        Q. You saw him and told him about it on      12 May 1st, 2010?</p> <p>13        A. No.</p> <p>14        Q. No. On a day after?</p> <p>15        A. You know, after.</p> <p>16        Q. How many -- How long after?</p> <p>17        A. I don't know; not even -- you know, less      18 than a month.</p> <p>19        Q. But in your knowledge, Roger was not there      20 on that day --</p> <p>21        A. No.</p> <p>22        Q. -- right?</p> <p>23        A. No.</p> <p>24        Q. Right?</p>	<p>1        Q. -- would have told about the incident after      2 the fact?</p> <p>3        A. After the fact.</p> <p>4        Q. Okay. And same with Glenn Verser?</p> <p>5        A. Same thing, after the fact.</p> <p>6        Q. And same with Burl Mason?</p> <p>7        A. After the fact.</p> <p>8        Q. Okay. Now, in the next answer -- So right      9 under Burl Mason, you'll see Interrogatory No. 6. Do      10 you see that?</p> <p>11        A. Yes.</p> <p>12        Q. This asks who you or your attorneys had      13 discussions with, and the three people listed, if you      14 want to turn the page, are Dr. Zhang, Wendy Olson, and      15 Bobby Nadpaul.</p> <p>16        A. Mm-hmm.</p> <p>17        Q. Did you have conversations with Dr. Zhang      18 about May 1st, 2010, after the fact?</p> <p>19        A. Yeah. You know, I tried to tell her, you      20 know, Why did you refuse to give me my insulin? You      21 know.</p> <p>22        Q. And what did she say?</p> <p>23        A. She didn't say nothing. She just looked at      24 me and said, You're done. I don't want to see you.</p>
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<p>1        A. Right.</p> <p>2        Q. Okay. Yeah. Okay. Melvin Jordan, law      3 clerk. Why is Melvin listed here?</p> <p>4        A. He -- In F house, they had law clerks from      5 the law library come to the cellhouse and do rounds.      6 So I know him, and, you know, I told him about what      7 happened, you know.</p> <p>8        Q. Okay. After the fact?</p> <p>9        A. After the fact.</p> <p>10        Q. Okay. And how about Fabin (phonetic)? Am I      11 pronouncing that right?</p> <p>12        A. Fabian.</p> <p>13        Q. Fabian. Yeah. When was he your cellmate?</p> <p>14        A. Before the fact.</p> <p>15        Q. Okay.</p> <p>16        A. And I told him after the fact.</p> <p>17        Q. After the fact. Okay. And did you have a      18 cellmate during this incident?</p> <p>19        A. No.</p> <p>20        Q. Who is Romeo Jackson?</p> <p>21        A. Kitchen worker.</p> <p>22        Q. He worked in the kitchen. So is this      23 another person you --</p> <p>24        A. After the fact.</p>	<p>1        Q. How long after the incident was that?</p> <p>2        A. I can't recall for that.</p> <p>3        Wendy Olson --</p> <p>4        Q. Well, hold on. Hold on. Hold on. I have a      5 question before you go on to Wendy.</p> <p>6        A. Okay.</p> <p>7        Q. Was it a few days after the incident, was it      8 a few months after the incident when you confronted      9 Dr. Zhang again about it?</p> <p>10        A. I couldn't even tell you when exactly; you      11 know, a week, a month, two weeks, three weeks.</p> <p>12        Q. Could it have been more than a month?</p> <p>13        A. Could be. Could have been.</p> <p>14        Q. Could have been?</p> <p>15        A. Could have been.</p> <p>16        Q. Could have been. Okay. Wendy Olson. Did      17 you have discussions with Wendy Olson?</p> <p>18        A. Yeah.</p> <p>19        Q. When?</p> <p>20        A. Soon right after. I'm going to say a couple      21 days, within -- you know, within a week. You know, she      22 was giving me my insulin shot, you know; and I told      23 her, you know.</p> <p>24        Q. Okay. But she didn't witness the incident</p>

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<p>1    on May 1st?</p> <p>2    A. No.</p> <p>3    Q. I'm correct?</p> <p>4    A. I was trying to get her, you know -- No, she 5    didn't witness it.</p> <p>6    Q. Okay.</p> <p>7    A. I was trying -- I asked her for the names of 8    the nurses. I described them, and she's like, I'm not 9    telling you. Why? You know, so ...</p> <p>10   Q. How about Bobby Nadpaul? Did Bobby witness 11   the incident?</p> <p>12   A. He didn't witness it, but I told him. You 13   know, he came to give me my insulin shot. Again, I 14   tried to ask him, you know -- I gave him a description 15   and told [sic] him does he know the names of these 16   people, you know.</p> <p>17   Q. How long after the incident was that?</p> <p>18   A. Not even a week.</p> <p>19   Q. Not even a week. A few days?</p> <p>20   A. About that.</p> <p>21   Q. Okay.</p> <p>22   A. Because he had come to my cell to give me my 23   insulin shot.</p> <p>24   Q. And Interrogatory No. 11 is on page 8. That</p>	<p>1    Q. Before you gave a deposition?</p> <p>2    A. Yeah.</p> <p>3    Q. So you never did what we're doing here 4    today?</p> <p>5    A. No.</p> <p>6    Q. Have you done a deposition in any other 7    case?</p> <p>8    A. No.</p> <p>9    Q. This is your very first deposition?</p> <p>10   A. Yeah.</p> <p>11   Q. What was the Lippert vs. Williams case 12   about?</p> <p>13   A. It was about retaliation. I wrote some 14   grievances against a guard, you know, for refusing to 15   let me leave my cell to go eat knowing I just got my 16   insulin shot. So I wrote grievances against him.</p> <p>17   So you know, he refused to let me go out, so 18   I -- I had to go -- they brought me downstairs to a 19   bullpen. And I had an insulin reaction, you know, 20   because I didn't have no food in me; and they were 21   playing games, you know. So I sued him, but they put 22   that case and my other case -- they merged them 23   together, and I settled out. But it was about 24   retaliation.</p>
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<p>1    asks you whether you went outside the correctional 2    center as a result of the May 1st, 2010 incident, and 3    the answer is no; is that -- is that true?</p> <p>4    A. Correct.</p> <p>5    Q. Okay. Interrogatory No. 16 is on page 10. 6    This asks whether you filed other lawsuits. One of 7    them listed is Lippert vs. Elyea, right?</p> <p>8    A. Elyea?</p> <p>9    Q. Elyea?</p> <p>10   A. Elyea.</p> <p>11   Q. Elyea. Okay. What was that lawsuit about?</p> <p>12   A. I was refused my insulin shot by a CMT, you 13   know -- Well, I had low blood sugar; and he refused to 14   give me my insulin, told me to go, he'll come back, 15   test it, and give me my insulin. Well, he never came 16   back. So you know, due to eating, I got sick, you 17   know; and I fell out, you know. So I -- you know, I 18   sued him. And Elyea is the agency medical director and 19   he had policies for, you know, these people to follow 20   and they didn't follow them. And he didn't enforce 21   these policies to be followed by IDOC employees, so I 22   sued him as a defendant.</p> <p>23   Q. Did you give a deposition in that case?</p> <p>24   A. No. I settled out.</p>	<p>1    Q. I forgot to ask you this. Prior to the 2    May 1st, 2010 incident, during previous episodes of 3    hyper- or hypoglycemia, had you ever urinated on 4    yourself before?</p> <p>5    A. No.</p> <p>6    Q. That never happened?</p> <p>7    A. Well, maybe when I was drunk, maybe, but I 8    don't remember. Not in prison.</p> <p>9    Q. Not in prison?</p> <p>10   A. No. I was probably, you know -- Not in 11   prison, though.</p> <p>12   Q. Had you ever passed out from an episode of 13   hyper- or hypoglycemia prior to the May 1st of 2010 14   incident?</p> <p>15   A. Yeah. I -- I fell out on -- in 2006, you 16   know.</p> <p>17   Q. What about other than 2006?</p> <p>18   A. You know, dizzy, you know, cramps. I had to 19   just sit down. But fall out where I'm basically going 20   unconscious, about 2006.</p> <p>21   Q. Did you go unconscious on May 1st, 2010?</p> <p>22   A. I was out, yeah.</p> <p>23   Q. In the morning before you -- before you went 24   to the ER?</p>

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1 A. Mm-hmm. 2 Q. Right? 3 A. I was -- I was out, you know. Then with all 4 the commotion and they were grabbing, you know, I was, 5 you know, coming through. When they came in, I was -- 6 I didn't even know they came in until I started feeling 7 people grabbing me, moving me, yelling and smacking me 8 in the face. 9 Q. Did you urinate on yourself when -- before 10 you passed out, or is it your understanding that it 11 happened when you were unconscious? 12 A. I don't recall; probably -- I don't recall. 13 Q. You don't know? 14 A. No. 15 Q. How do you know that you urinated on 16 yourself? 17 A. Because they said I -- you know, I smelled 18 like piss. 19 Q. Who said that? 20 A. I smelled like piss when I went to the ER, 21 and they were saying, Man, what did you do? Did you 22 pee on yourself? You smell like urine. So ... 23 MR. ELIASER: All right. I think I only have one 24 more interrogatory answer here. Give me one second.	1 A. About, yeah. 2 Q. And what ex- -- Do you remember what exactly 3 you said to Sergeant Palmer? 4 A. I told him I needed my insulin shot, you 5 know. They refused to give me my insulin shot in the 6 morning. 7 Q. Where was Sergeant Palmer when you told him 8 this? 9 A. Right by the office downstairs. 10 Q. Is your cell near the office? 11 A. No. It's facing it. 12 Q. So how far away is your cell from Sergeant 13 Palmer's office? 14 A. On the other side of the building. 15 Q. Do you know how many feet, approximately, 16 this might be? 17 A. No. 18 Q. Would you say it's a short distance, a long 19 distance? 20 A. I mean, how do you take it? 21 Q. Let me strike the question. 22 Were you able to express your concern in the 23 volume that we're speaking at right now, or did you 24 have to yell?
Page 95	Page 97
1 (Brief pause.) 2 MR. ELIASER: Just give me a minute. I'm just 3 going to flip through my notes and make sure I'm done. 4 MR. STIEHL: Sure. 5 MS. ARGENTINE: Sure. 6 (Brief pause.) 7 MR. ELIASER: All right. I'm done. Who's next? 8 CROSS-EXAMINATION 9 BY MS. PTASZNIK: 10 Q. My name, again, is Agnes, and I represent 11 Defendants Norman and Maldonado in this case. So I'm 12 just going to ask a few questions surrounding the 13 allegations in your complaint regarding those 14 defendants, okay? 15 A. All right. 16 Q. Who was the first correctional staff member 17 you complained to about not getting your insulin shot 18 on May 1st, 2010? 19 A. Sergeant Palmer. 20 Q. And about what time of the day was it? 21 A. About eight o'clock. 22 Q. 8:00 a.m.? 23 A. (Nodding.) 24 Q. Is that correct?	1 A. Well, I had to yell, yeah, just like he 2 would have yelled, you know ... 3 Q. Was it quiet in the cellhouse at this time? 4 A. I mean, there's people talking; but, I mean, 5 how the building is, how the building is made, it's 6 just -- noise travels, you know. So -- 7 Q. How is the building made? 8 A. It's brick, steel, round, circular. So you 9 know, when you holler, you -- the noise is -- it 10 travels. 11 Q. Do you know if Sergeant Palmer heard your 12 request? 13 A. Oh, yeah. 14 Q. How do you know that? 15 A. Because he said he's going to call, you 16 know. And he came, you know, about half an hour, or 17 something like that, later; and I'm like, Man, what's 18 going on? You know. You going to take me up? 19 He's like, We on a Level 1 lockdown. 20 There's no movement. 21 I don't care. I need my insulin shot. 22 He's like, I already called. What do you 23 want me to do, man? I can't force them to come here. 24 I called. That's all I could do.

25 (Pages 94 to 97)

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1 I go --	1 sergeant?
2 Q. Just -- I'm sorry. Did Sergeant Palmer come	2 A. Yeah. It goes lieutenant, sergeant, and a
3 to your cell to tell --	3 guard.
4 A. No.	4 Q. Do you remember which guards you complained
5 Q. -- you this?	5 to soon after you complained to Sergeant Palmer?
6 A. No. He's still yelling by his office, you	6 A. Norman, Maldonado, Dangerfield, and --
7 know. And I'm telling him, Man, you know, by you being	7 MR. ELIASER: Danger Field?
8 a serg, you got the authority to take me up to the	8 THE WITNESS: Yeah.
9 healthcare unit to get my insulin shot. That's your	9 MR. ELIASER: Is that the person's name?
10 job.	10 THE WITNESS: Dangerfield.
11 He's like, No. We on Level 1 lockdown, man.	11 MR. ELIASER: Dangerfield. I thought it was first
12 And then I ...	12 name Danger, last name Field. I'm like, that's the
13 Q. At that point in time, had you eaten your	13 coolest name ever. Sorry. Go ahead.
14 breakfast?	14 BY THE WITNESS:
15 A. Yeah.	15 A. I don't know. Right offhand, I don't know.
16 Q. So you had eaten your breakfast before	16 Q. Do you remember which officer you first
17 9:00 a.m.?	17 complained to after you reported it to Sergeant Palmer?
18 A. I ate about -- maybe about three-something,	18 A. I'm going to -- I'm going to say
19 you know.	19 Dangerfield. I believe, Dangerfield, and then Norman.
20 Q. So you had eaten your breakfast much earlier	20 And then when I -- You know, it's just the ones I see,
21 that day --	21 I'm going at them, you know, because they weren't all
22 A. Oh, yeah.	22 visually where I could see them. So I saw Dangerfield
23 Q. -- around 3:00 in the morning?	23 first, Norman, Maldonado. I think I saw some other
24 A. Yeah, because they would have came for the	24 guards, but ...
Page 99	Page 101
1 insulin shot about -- between 2:30/3:00. They pass out	1 Q. In terms of Officer Norman, where was
2 breakfast about that -- about 2:00/2:30.	2 Officer Norman in relation to you when you first
3 Q. What happened after the sergeant told you	3 expressed your concern about the shot?
4 that he placed the call to healthcare?	4 A. He was downstairs by the sergeant's office
5 A. Well, he started ignoring me because, you	5 door walking around on one gallery.
6 know, I was still hollering at him, you know, telling	6 Q. So you're saying he was running rounds
7 him how to do his job.	7 around in the first gallery?
8 So then I started telling the other guards,	8 A. Just walking around doing nothing when I saw
9 you know, because, you know, they got the authority to,	9 him, so I hollered at him, you know. He just
10 you know -- Hey, we need to get Lippert up to the	10 laughed --
11 healthcare unit, you know. They're security, you know.	11 Q. Did he respond?
12 It's their job to make sure I'm all right. All they	12 A. He was laughing, ignoring me, waving me off.
13 did was laugh and wave me off and went in the	13 Q. How far away from you, more or less, was he
14 sergeant's office and just did nothing.	14 when you expressed your concern?
15 Q. Do you know who has the highest authority of	15 A. Basically, he's the same distance, you know,
16 all the officers on the 7:00-a.m.-to-3:00-p.m. shift in	16 maybe a couple feet closer to me.
17 your cellhouse?	17 Q. Were you on Gallery 1 at this time?
18 A. It would be -- At that time?	18 A. I was in my cell. I was up on three
19 Q. Yes.	19 gallery. The serg --
20 A. A lieutenant, and I didn't see no	20 Q. So you were --
21 lieutenant.	21 A. The serg's office is on one gallery. So all
22 Q. Is a lieutenant --	22 the guards were downstairs on one gallery.
23 A. Above --	23 Q. And you were on Gallery 3, which, I presume,
24 Q. -- a higher authority figure than a	24 is the second gallery above the first gallery?

26 (Pages 98 to 101)

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1 A. No, third. 2 Q. Third. Is that the second floor of the 3 house, the cellhouse? 4 A. No. You got one gallery, two gallery, three 5 gallery, four gallery, F house. 6 Q. And you stated Officer Norman just waved his 7 hand? 8 A. Yeah. Dangerfield ... 9 Q. How do you know that the waving of his hand 10 was in response to your concern? 11 A. I took it as, you know, shut up, you know, 12 and just keep walking. 13 Q. Did he say anything to you? 14 A. He looked at me, laughed, you know, and 15 waved me off. 16 Q. What was the volume of conversations in the 17 house at this time? 18 A. Well, I mean, it was audible. If he would 19 have said something, you know, I mean, I could hear 20 him. I could hear him laughing, you know, when he went 21 into the sergeant's office. I could hear him laughing. 22 That's how quiet it was. 23 But when -- when other inmates saw how the 24 guards were treating me, you know, and know that I'm	1 Palmer? 2 A. There was Sergeant Palmer, Norman -- No. 3 Sergeant Palmer, Dangerfield, Norman, Maldonado. I 4 think -- I believe there were some other guards, but I 5 don't know if I put him on there or -- I didn't know 6 the names. 7 Q. What did you say to Officer Maldonado? 8 A. I basically told her too, you know, You're 9 not doing nothing. Take me up there to get my insulin 10 shot. She didn't say nothing, didn't look at me, just 11 kept on doing what she was doing, nothing. 12 Q. Where was Officer Maldonado in relation to 13 you and your cell unit? 14 A. First gallery by the offices. 15 Q. And about what time of the day was this? 16 A. After 8:00. 17 Q. So what happened after you expressed your 18 concern to all these individuals? 19 A. What happened? 20 Q. Yes. What happened later? 21 A. Well, my blood sugar started fluctuating up, 22 you know. I started getting, you know, weak. Muscles 23 are starting to tighten up, you know. 24 Q. On that morning between 7:00 a.m. and the
Page 103	Page 105
1 right when I told him, Man, you know, it's your job to 2 take me up there. Do it, you know, then other inmates 3 started getting, you know, loud, telling him, Man, get 4 this guy up. He needs his insulin shot. You know, 5 who? I really wasn't paying attention, you know, 6 because I don't know who it was; but, you know, people 7 were yelling. 8 Q. Let me backtrack a little. When you 9 expressed your concern to Sergeant Palmer, did you see 10 Officer Norman in the area? 11 A. About -- Not at the time, no. 12 Q. Did you see Officer Maldonado in the area 13 when you were speaking to Sergeant Palmer? 14 A. At the time, I didn't know it was her 15 because there was people still in the office, you know. 16 If you're -- If people are in the office, you really 17 can't see the face; but I knew it was a female because, 18 I mean, you know, you could see all down. But when she 19 came out, then I knew who was working, you know, and 20 who I hollered at. 21 Q. And so then you spoke to Officer Maldonado 22 after -- 23 A. I asked her how, you know -- 24 Q. -- you spoke to Officer Norman and Sergeant	1 time of your incident, were there any officers that did 2 rounds on your gallery? 3 A. Yeah. They do rounds about seven o'clock. 4 Q. Did they do rounds at any point later that 5 morning? 6 A. They're supposed to, but, you know, we're on 7 a Level 1 lockdown. They -- They didn't do nothing. 8 They didn't want to do nothing. That's too much work 9 for them. They're supposed to do rounds, but they 10 didn't come up. 11 Q. Was there any other staff, including medical 12 staff, that made rounds on your gallery that morning? 13 A. I think so. I don't know who, but I'm sure 14 there was. I don't know. To tell you the truth, 15 because, you know, people -- it had been a problem 16 about med techs and nurses doing rounds in F house, 17 though. I don't know if they came by. I didn't see 18 any. 19 Q. So you don't recall seeing anyone -- 20 A. That would be the best answer. I don't 21 recall. 22 Q. And about what time did you have -- or 23 experience the incident in your cell? 24 A. About the time they were passing out lunch.

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1 I don't know what time that was. It was when they were  
 2 passing out lunch.

3 Q. Normally, around what time do they pass out  
 4 lunch?

5 A. We were on lockdown, so I mean it could have  
 6 been late. 12:00 -- You know, it could have been  
 7 11:00/12:00/1:00, because there's no inmates -- it's  
 8 all security doing the stuff. So ...

9 Q. So between the start of the shift, the  
 10 7:00-a.m.-to-3:00-p.m. shift and the time of your  
 11 incident, did you ever have a face-to-face conversation  
 12 with Officer Norman?

13 A. Prior to this?

14 Q. On May 1st, 2010, between 7:00 a.m. and the  
 15 time of your incident, did you ever have a face-to-face  
 16 conversation about your need for an insulin shot?

17 A. I don't recall.

18 Q. And what about Officer Maldonado? Did you  
 19 have a chance to speak to Officer Maldonado face to  
 20 face at any point from the beginning of the shift to  
 21 the incident -- to the time of your incident?

22 A. No, I don't recall.

23 (Short interruption.)

24 BY MS. PTASZNIK:

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1 Q. Do you recall seeing Officer Norman near  
 2 your cell around the time of your incident?

3 A. Not what I remember.

4 Q. So you have no recollection of Officer  
 5 Norman near your cell at the time of your incident?

6 A. Oh, at the time.

7 Q. Yes.

8 A. I thought you were -- Yeah. You know, when  
 9 they came to the cell to give me my lunch tray, you  
 10 know, I heard them laughing, you know, talking about me  
 11 when I was on the floor. And I'm telling them, I need  
 12 my insulin shot. I wasn't face to face because I was  
 13 too weak, you know, cramped up on the floor, and they  
 14 were laughing, you know. Maldonado made a comment and  
 15 put the tray in my chuck hole, and they left. That's  
 16 the only time being in close prox- -- you know, them  
 17 being towards my door. That's the only time I can  
 18 remember other than that.

19 Q. So you saw Officer Maldonado and Officer  
 20 Norman near your cell at the time that they were  
 21 passing out lunch trays?

22 A. Yeah.

23 Q. And you saw them put a tray in your chuck  
 24 hole?

1 A. They were yelling, Get up. Grab your tray,  
 2 you know.

3 Q. And where were you in your cell at this  
 4 time?

5 A. On the floor cramped up, complaining about,  
 6 I need my insulin.

7 Q. Were you closer to the door or further away  
 8 from the door of your cell?

9 A. I couldn't even remember. I was in the  
 10 cell. Probably close -- Probably in the back because I  
 11 was trying to make it to the toilet.

12 Q. Did Officer Norman say anything to you at  
 13 this time?

14 A. I think he was laughing, you know.

15 Q. Do you know what Officer Norman was laughing  
 16 at?

17 A. Maldonado stated, Oh, look, he in the right  
 18 position, you know, when I was on the floor.

19 I told her, you know, You're telling jokes  
 20 and you won't give me my insulin. And they just  
 21 laughed.

22 Q. I'm sorry. They laughed or they left?

23 A. They laughed and then left, and that's it.

24 Q. Did any of the officers say that they would

1 send for help for you?

2 A. No.

3 Q. Did you request medical help from Officer  
 4 Norman or Officer Maldonado at that time?

5 A. I told them that I -- you know, I need my  
 6 insulin shot --

7 MS. ARGENTINE: Don, can you just keep your voice  
 8 up a little?

9 THE WITNESS: Huh?

10 MS. ARGENTINE: Speak up a little.

11 MR. STIEHL: Yeah. You're facing that way, so  
 12 it's hard for her.

13 BY THE WITNESS:

14 A. -- when -- you know, when they came. And  
 15 they were laughing, and I'm telling them -- you know,  
 16 because they were yelling, telling me to get up and  
 17 grab my tray; and I'm telling them, I need my insulin  
 18 shot, you know. And then, you know, the cracks, the  
 19 jokes, the laughs, you know, that's all I remember  
 20 hearing from them.

21 And then sometime later, you know, I hear  
 22 them yelling at me, you know, and I -- Not Maldonado.  
 23 Norman said, Man, Palmer, you need to come up here, you  
 24 know. Lippert's on the ground, on the floor.

28 (Pages 106 to 109)

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<p>1 Q. How soon after they passed your cell after 2 they left off the tray did you hear them again? 3 A. I don't -- I don't know. 4 Q. Do you remember if it was a shorter period 5 of time or longer period of time? 6 A. I don't know. 7 Q. Did you see Officer Norman or Officer 8 Maldonado when you heard them again at your cell? 9 A. No. Nope. 10 Q. What was your position in the cell the 11 second time you heard them near your cell? 12 A. I don't even remember. 13 Q. How did you know it was those officers at 14 your cell at that time? 15 A. Because when they were yelling about the 16 garbage, you know, and, you know, Norman had yelled, 17 you know, that -- You know, he got on the radio, I 18 think, but I know I heard him yelling to Palmer. Then 19 I heard Palmer, Hey, we need to get up here. Lippert's 20 on the floor. 21 Q. So you heard Officer Norman call to 22 Officer -- to Sergeant Palmer? 23 A. Yeah, to tell him to get up to my cell, you 24 know, because I'm on the floor.</p>	<p>1 telling me, You smell like urine. You peed on 2 yourself, you know. Watch out -- 3 Q. Do you remember -- sorry. 4 A. -- you know. Then somebody saying, We need 5 him up in the ER. 6 Q. Do you remember where you were at this time? 7 A. I believe I was in my cell. I remember them 8 were dragging me, picking me up. 9 Q. Were you able to see at this time? 10 A. Down, you know. 11 Q. Were you able to see officers that were in 12 your cell at this time? 13 A. It was blurry. I -- I saw people in my 14 cell. I don't know who. It was blurry. 15 Q. So you don't recall which officers were 16 assisting at that time? 17 A. No. 18 MS. PTASZNIK: I have no further questions. 19 MR. STIEHL: I think we'll reserve signature. 20 (The witness reserved signature and 21 was excused at 1:22 p.m.) 22 23 24</p>
Page 111	Page 113
<p>1 Q. Do you recall if Officer Maldonado was there 2 at that time? 3 A. I don't remember. I didn't see Norman. I 4 just -- I heard him. 5 Q. And. -- 6 A. I wasn't completely unconscious, you know. 7 I was in and out as he was yelling, you know. 8 Q. You said Officer Norman was yelling about 9 garbage. What did you mean by that? 10 A. You know, if I had any garbage. They passed 11 out the trays, you know, so they're coming around 12 picking up the garbage. 13 Q. Do you know how long it usually takes for 14 the officers to come back for the garbage after they've 15 passed out a lunch tray? 16 A. It varies. 17 Q. It varies from what range to what range? 18 A. Anywhere from 30 [sic] to four hours, you 19 know, or -- if that. They'll let the next shift deal 20 with it. 21 Q. And what is your next memory after you 22 remember Officer Norman calling for Sergeant Palmer? 23 A. People yelling, smacking me in the face, you 24 know, Wake up. You know, what's wrong? You know,</p>	<p>1 C E R T I F I C A T E 2 I, Martina Miranda Ralls, Certified Shorthand 3 Reporter, do hereby certify that DON LIPPERT was first 4 duly sworn by me to testify the whole truth and that 5 the above deposition was reported stenographically by 6 me and reduced to typewriting under my personal 7 direction. 8 I further certify that the said deposition 9 was taken at the time and place specified and that the 10 taking of said deposition commenced on May 8, 2014, at 11 10:44 a.m. 12 I further certify that I am not a relative or 13 employee or attorney or counsel of any of the parties, 14 nor a relative or employee of such attorney or counsel, 15 nor financially interested directly or indirectly in 16 this action. 17 The signature of the witness, DON LIPPERT, 18 was reserved by agreement of counsel. 19 In witness whereof, I have hereunto set my 20 hand as a Certified Shorthand Reporter on May 29, 2014. 21 22 23 24</p>
	<p>MARTINA MIRANDA RALLS, CSR CSR No. 084-004341</p>
Page 110	Page 112
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	<p>MARTINA MIRANDA RALLS, CSR CSR No. 084-004341</p>

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1 DEPOSITION REVIEW  
2 CERTIFICATION OF WITNESS

3 ASSIGNMENT NO: 1846187  
4 CASE NAME: Lippert, Don v. Rossiter, Athena, et al.  
5 DATE OF DEPOSITION: 5/8/2014  
6 WITNESS' NAME: Don Lippert  
7 In accordance with the Rules of Civil  
Procedure, I have read the entire transcript of  
my testimony or it has been read to me,  
I have made no changes to the testimony  
as transcribed by the court reporter.

8  
9 Date Don Lippert  
10 Sworn to and subscribed before me, a  
11 Notary Public in and for the State and County,  
the referenced witness did personally appear  
and acknowledge that:

12 They have read the transcript;  
13 They signed the foregoing Sworn  
Statement; and  
14 Their execution of this Statement is of  
their free act and deed.

15 I have affixed my name and official seal

16 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
17

18 Notary Public  
19

20 Commission Expiration Date  
21  
22  
23  
24  
25

1 ERRATA SHEET  
2 VERITEXT LEGAL SOLUTIONS MIDWEST  
3 ASSIGNMENT NO: 1846187  
4 PAGE/LINE(S) / CHANGE /REASON

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19

20 Date Don Lippert  
21 SUBSCRIBED AND SWORN TO BEFORE ME THIS  
22 DAY OF \_\_\_\_\_, 20\_\_\_\_\_.  
23

24 Notary Public  
25 Commission Expiration Date

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2 CERTIFICATION OF WITNESS

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5 DATE OF DEPOSITION: 5/8/2014  
6 WITNESS' NAME: Don Lippert  
7 In accordance with the Rules of Civil  
Procedure, I have read the entire transcript of  
my testimony or it has been read to me.  
I have listed my changes on the attached  
Errata Sheet, listing page and line numbers as  
well as the reason(s) for the change(s).  
I request that these changes be entered  
as part of the record of my testimony.

8 I have executed the Errata Sheet, as well  
9 as this Certificate, and request and authorize  
10 that both be appended to the transcript of my  
11 testimony and be incorporated therein.

12 Date Don Lippert  
13

14 Sworn to and subscribed before me, a  
15 Notary Public in and for the State and County,  
the referenced witness did personally appear  
and acknowledge that:

16 They have read the transcript;  
17 They have listed all of their corrections  
18 in the appended Errata Sheet;  
19 They signed the foregoing Sworn  
Statement; and  
20 Their execution of this Statement is of  
their free act and deed.  
21 I have affixed my name and official seal

22 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
23

24 Notary Public  
25

Commission Expiration Date

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION  
DONALD LIPPERT, ET-AL, )  
Plaintiffs, )  
vs. ) No. 10 cv 4603  
SALVADOR GODINEZ, ET-AL, )  
Defendants. )

The deposition of ATHENA ROSSITER, called  
for examination pursuant to the Rules of Civil  
Procedure for the United States District Courts  
pertaining to the taking of depositions, taken  
before Jacqueline Shenberger, Certified  
Shorthand Reporter within and for the County of  
Cook and State of Illinois, at 16830 South  
Broadway, Crest Hill, Illinois, on  
June 27, 2014, at the hour of 10:30 o'clock AM.

Jacqueline Shenberger  
License No: 084-001524

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312-442-9087 800-248-3290 fax 312-442-9095

EXHIBIT

B

<p>1 APPEARANCES:  2 SEYFARTH SHAW, LLP  3 BY: MS. KRISTINE ARGENTINE  4 131 South Dearborn  5 Suite 2400  6 Chicago, Illinois 60603  7 (312) 460-5000  8 Kargentine@seyfarth.com  9 Representing the Plaintiffs;  10 CASSIDAY SCHADE</p> <p>11  12 BY: MR. MATTHEW A. ELIASER  13 20 North Wacker Drive  14 Suite 1000  15 Chicago, Illinois 60606  16 (312) 641-3100  17 Meliaser@cassiday.com  18 Representing the Wexford Health Services;  19 LISA MADIGAN,</p> <p>20  21  22  23  24</p>	<p>1 INDEX  2 WITNESS EXAMINATION  3  4 ATHENA ROSSITER  5  6 By MS. ARGENTINE 5  7 By MR. ELIASER 74  8 By MS. ARGENTINE 97  9 By MR. ELIASER 106</p> <p>10  11  12  13  14 EXHIBITS  15 NUMBER MARKED FOR ID  16  17 Deposition Exhibit  No. 1 - Medication Administration  Record 31  18  19 Deposition Exhibit  No. 2 - Illinois Department of  Corrections Offender  Outpatient Progress Notes 70</p> <p>20  21  22  23  24</p>
<p>1 ATTORNEY GENERAL OF STATE OF ILLINOIS  2 BY: MS. AGNES PTASZNIK  3 100 West Randolph Street  4 Chicago, Illinois 60601  5 (312) 814-4217  6 aptasznik@atg.state.il.us  7 Representing State Defendants</p> <p>8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24</p>	<p>1 (Whereupon, the witness was  duly sworn.)  2 (Deposition commenced at 10:47 AM)  3 ATHENA ROSSITER,  4 called as a witness herein, was examined and  5 testified as follows:  6 EXAMINATION  7 BY MS. ARGENTINE:  8 Q. Miss Rossiter, my name is Kristine  9 Argentine, I represent the Plaintiffs in this  10 case, including Donald Lippert.  11 Have you ever been deposed before?  12 Have you ever given a deposition?  13 A. Yes.  14 Q. How many times?  15 A. Once.  16 Q. When did that occur?  17 A. About a month ago.  18 Q. And what was that for?  19 A. For another inmate.  20 Q. Were you a Defendant in that suit?  21 A. A Defendant, yes.  22 Q. Do you know the name of the lawsuit?  23 A. The inmate that was suing?</p>

<p>1       Q. Hmm, hmm?</p> <p>2       A. Taylor.</p> <p>3       <b>Q. Do you remember -- do you know what</b>      4 <b>that lawsuit involved, medical issues or prison</b>      5 <b>issues?</b></p> <p>6       A. Of course, it was medical because I was      7 there.</p> <p>8       <b>Q. What type of medical issues?</b></p> <p>9       A. Something about medication.</p> <p>10      <b>Q. Do you remember anymore specifics about</b>      11 <b>it, what type of medication or whether it was</b>      12 <b>with respect to distribution?</b></p> <p>13      A. Yes.</p> <p>14      <b>Q. Yes, it was a distribution issue?</b></p> <p>15      A. Inmate states that he didn't get his      16 medication, yes.</p> <p>17      <b>Q. And you said that was just once you've</b>      18 <b>been deposed?</b></p> <p>19      A. Yes.</p> <p>20      <b>Q. Okay. Have you been involved in any</b>      21 <b>other lawsuits that you can think of in the last</b>      22 <b>five years?</b></p> <p>23      A. (Inaudible responses).</p> <p>24      MR. ELIASER: All of your answers have to be</p>	<p>1       A. I reviewed the doctor's notes and the      2 MAR.</p> <p>3       MR. ELIASER: We also reviewed -- I'll make      4 it easy; we reviewed the Progress Notes from May      5 1st, 2010. The orders from May 1st, 2010, the      6 M-A-R-'s from May 1st, 2010. We looked at her      7 interrogatory answers. And we reviewed some of      8 the deposition testimony. I think that's      9 everything, unless you remember anything else.</p> <p>10      A. No.</p> <p>11      BY MS. ARGENTINE:</p> <p>12      <b>Q. Can you state for the record what M-A-R</b>      13 <b>is? What does that stand for?</b></p> <p>14      A. Documentation that we use for, you      15 know, giving out medication.</p> <p>16      <b>Q. You don't know what M-A-R stands for?</b></p> <p>17      A. No.</p> <p>18      <b>Q. Did you have any conversations with</b>      19 <b>anyone about this deposition, other than your</b>      20 <b>attorney prior to it occurring?</b></p> <p>21      A. No.</p> <p>22      <b>Q. Miss Rossiter, do you know who Don</b>      23 <b>Lippert is?</b></p> <p>24      A. Yes.</p>
<p>1       audible.</p> <p>2       A. Oh, no.</p> <p>3      BY MS. ARGENTINE:</p> <p>4       <b>Q. I just want to go over a few rules with</b>      5 <b>you. Like Matt said your answers need to be</b>      6 <b>audible so the court reporter can take them</b>      7 <b>down. We want to try not to talk over each</b>      8 <b>other, let me finish my question, and I'll let</b>      9 <b>you finish your answer. That way the court</b>      10 <b>reporter can get everything down that we're</b>      11 <b>saying. If you need to take a break, feel free</b>      12 <b>to let me know, all I ask is that you answer</b>      13 <b>whatever question is pending, and you can take a</b>      14 <b>break.</b></p> <p>15      <b>Do you have any questions about any of</b>      16 <b>that?</b></p> <p>17      A. No.</p> <p>18      <b>Q. If you do answer a question, I'm going</b>      19 <b>to assume you understood it. That being said,</b>      20 <b>if you don't understand a question, or you want</b>      21 <b>me to rephrase it, just feel free to ask. Okay?</b></p> <p>22      A. Yes.</p> <p>23      <b>Q. Miss Rossiter, what documents did you</b>      24 <b>review for this deposition today, if any?</b></p>	<p>1       <b>Q. How do you know him?</b></p> <p>2       A. Just an inmate.</p> <p>3       <b>Q. Have you provided Mr. Lippert with</b>      4 <b>medical care?</b></p> <p>5       A. I'm sure I have, yes.</p> <p>6       <b>Q. Do you know specifically what type of</b>      7 <b>medical care you provided to Mr. Lippert, say in</b>      8 <b>the past -- how long have you been at</b>      9 <b>Stateville?</b></p> <p>10      A. Four and a half years.</p> <p>11      <b>Q. Have you known Mr. Lippert all four and</b>      12 <b>a half years?</b></p> <p>13      A. I'm sure I've come across Lippert. But      14 do I really know who Lippert was? Not until      15 just recently. I mean, who he was, I put two      16 and two together with the lawsuit and Lippert.</p> <p>17      <b>Q. Can you recall any specific treatment</b>      18 <b>that you provided to Mr. Lippert in the past</b>      19 <b>four and a half years?</b></p> <p>20      A. You mean specific occasions?</p> <p>21      <b>Q. Sure, if you remember those?</b></p> <p>22      A. I'm not really -- I mean, he's a      23 diabetic, so I'm assuming when I was a med tech      24 I gave him his insulin, yes.</p>

<p>1       <b>Q. Would you have done Accu-Cheks for Mr. 2 Lippert in the past?</b></p> <p>3       A. Yes, I'm sure I have.</p> <p>4       <b>Q. And distributed medication?</b></p> <p>5       A. Well, if he's made it to the E.R., I'm 6 sure I have.</p> <p>7       <b>Q. Would you have distributed medication 8 to him in his F House?</b></p> <p>9       A. It would depend on if he was on 10 medication. Is he on medication, you know --</p> <p>11      <b>Q. Just if you remember specifically?</b></p> <p>12      A. No, I don't really remember.</p> <p>13      <b>Q. Have you ever encountered Mr. Lippert 14 in a diabetic clinic?</b></p> <p>15      A. No, I don't do diabetic clinics, no.</p> <p>16      <b>Q. In the four and a half years that 17 you've worked for Wexford, how often would you 18 say you are in F House?</b></p> <p>19      A. Rarely.</p> <p>20      <b>Q. And by rarely, would you say once a 21 month, once every couple of months, if you can 22 pin it down a little further?</b></p> <p>23      A. Within this last year, maybe once every 24 three months, four months. Prior to that it</p>	<p>1       A. Yes.</p> <p>2       <b>Q. And it lists the names of everyone 3 that's a diabetic?</b></p> <p>4       A. It doesn't state on there they're 5 diabetic. It's just that as we nurses in our 6 med room, that only nurses see, medical staff 7 see, those are the diabetics.</p> <p>8       <b>Q. Does it say anything else about 9 different inmates?</b></p> <p>10      A. No.</p> <p>11      <b>Q. What type of diabetics they are?</b></p> <p>12      A. No.</p> <p>13      <b>Q. What type of treatments they receive?</b></p> <p>14      A. No.</p> <p>15      <b>Q. Do you remember whether prior to May of 16 2010 you would have given Mr. Lippert a insulin 17 shot at any time?</b></p> <p>18      A. Could you repeat that?</p> <p>19      <b>Q. Prior to May of 2010 would one of your 20 -- would you have ever -- do you recall ever 21 giving Mr. Lippert his insulin shot?</b></p> <p>22      A. I don't recall the specific occasion.</p> <p>23      <b>Q. Was that one of your duties prior to 24 May of 2010 to give insulin shots to inmates in</b></p>
<p>10</p> <p>1       might have been a couple of times a month. 2 Prior to the last year, the last year I've had a 3 new assignment and prior -- okay.</p> <p>4       <b>Q. So in May of 2010 as kind of a time 5 point, how often would you say you were in F 6 House in May of 2010, if you know?</b></p> <p>7       A. Again, I'm not sure, couple of times 8 maybe a month, if that.</p> <p>9       <b>Q. And you know that Mr. Lippert is a 10 diabetic?</b></p> <p>11      A. Yes.</p> <p>12      <b>Q. And how do you know that?</b></p> <p>13      A. He's on the Diabetic Board. And I have 14 passed insulin to him, over the four and a half 15 years that I have passed insulin, I have, you 16 know, not knowing him, but I mean, with this 17 it's really, you know, when you see the lawsuits 18 come, then you can go back and oh, okay, that's 19 Lippert.</p> <p>20      <b>Q. What do you mean -- what's the Diabetic 21 Board?</b></p> <p>22      A. We have a Diabetic Board that lists our 23 diabetics.</p> <p>24      <b>Q. Like a bulletin board?</b></p>	<p>12</p> <p>1       <b>F House?</b></p> <p>2       A. If I was assigned to that job duty that 3 day, yes.</p> <p>4       <b>Q. Do you have an opinion as to what a 5 diabetic patient not receiving his insulin shot, 6 what kind of affect that could have?</b></p> <p>7       MR. ELIASER: I would object to the vagueness 8 of the question. I think it depends on the 9 patient and his insulin requirements, and how 10 long he hasn't received the insulin for. I 11 think it's a difficult question to answer when 12 it's that vague.</p> <p>13      MS. PTASZNIK: Join.</p> <p>14      MR. ELIASER: If you can answer that 15 question, otherwise you can ask her to be more 16 specific.</p> <p>17      A. Can you repeat it?</p> <p>18      BY MS. ARGENTINE:</p> <p>19      <b>Q. Sure. I'm just wondering if you have 20 an opinion as to what types of medical -- if you 21 have an opinion, a medical opinion, as to what 22 types of affect an inmate that was diabetic not 23 receiving their insulin shot could have?</b></p> <p>24      MR. ELIASER: Same objection. You can answer</p>

<p>1 the question if you understand it.      2 A. Yeah, it's kind of hard to understand.      3 I mean, it would just depend on the inmate, it      4 would depend on the situation.      5 BY MS. ARGENTINE:      6 Q. Could an inmate that didn't receive      7 their insulin shot go into any sort of shock?      8 A. Sure.      9 Q. Under what circumstances would you say      10 that would happen?      11 A. Their blood sugar level needs to be      12 high.      13 Q. What if their blood sugar level was too      14 low?      15 A. Same thing.      16 Q. They could go into shock?      17 A. Yes.      18 Q. What type of symptoms do you see with a      19 diabetic patient that is potentially going into      20 shock, or in some sort of shock as a result of      21 not receiving insulin?      22 A. It would really depend on the whole      23 situation. I mean, missing one dose of insulin      24 normally does not put anybody into shock, it</p>	<p>1 A. What type of treatment?      2 Q. Hmm, hmm.      3 A. I would do his Accu-Chek, call the      4 doctor and get an insulin order, depending, you      5 know, on what I get from the doctor.      6 Q. Miss Rossiter, what is your highest      7 degree you have education wise?      8 A. An Associates Degree in Nursing.      9 Q. From where?      10 A. South Suburban.      11 Q. You said it's in nursing?      12 A. Yes.      13 Q. Any specific specialization in nursing,      14 or just --      15 A. Registered Nurse.      16 Q. Any other types of formal education      17 you've received?      18 A. Associates in Science.      19 Q. And where is that from?      20 A. South Suburban.      21 Q. What year did you receive that degree?      22 A. The same year that -- 2012.      23 Q. Was that the same year you received      24 your Associates in Nursing?</p>
<p>14</p> <p>1 takes time.      2 Q. Sure. I'm just wondering if you saw an      3 inmate that you knew to be diabetic, what types      4 of symptoms would you see that would make you      5 think perhaps that patient was going into shock,      6 vomiting or nausea --      7 A. Well, yeah, of course, those are some      8 of the symptoms. But they also are symptoms of      9 a lot of other things too.      10 Q. What other symptoms would you look for?      11 A. Vomiting, nausea, shakiness.      12 Q. Anything else?      13 A. Maybe stomach cramps. But I mean --      14 yeah.      15 Q. Anything else?      16 A. That's about it.      17 Q. What sort of treatment would you offer      18 a patient that you viewed as going into      19 potential shock? Let me rephrase that.      20 What sort of treatment would you offer      21 a diabetic patient that you viewed as      22 potentially going into shock?      23 A. Going into diabetic shock?      24 Q. Yes?</p>	<p>15</p> <p>1 A. Yes.      2 Q. Any other degrees you have?      3 A. CNA License.      4 Q. And when did you get that?      5 A. '96.      6 Q. And what types of education or training      7 did you need to receive that license?      8 A. Nursing degree.      9 Q. You needed a nursing degree?      10 A. To receive what license?      11 Q. I'm sorry, the CNA license?      12 A. Could you repeat the question?      13 Q. Yes. What types of training or      14 education did you need to go through to receive      15 your CNA license?      16 A. The CNA program through South Suburban.      17 And I also -- I completed the LPN, I had an LPN      18 license before I was an RN.      19 Q. When did you get your LPN license?      20 A. 2010. No, 2009, I'm sorry.      21 Q. And what type of education did you      22 receive to get your LPN license?      23 A. A year of schooling.      24 Q. Was that at South Suburban as well?</p>

<p>1 A. Yes.</p> <p>2 Q. Any other medical licenses or training 3 that you have?</p> <p>4 A. CPR.</p> <p>5 Q. Is that something you renew every year?</p> <p>6 A. Yes.</p> <p>7 Q. Anything else?</p> <p>8 A. No.</p> <p>9 Q. Any other licenses or certifications or 10 education that you have that isn't in the 11 medical field?</p> <p>12 A. No.</p> <p>13 Q. Now, Miss Rossiter, you said you 14 started working at Stateville four and a half 15 years ago, is that right?</p> <p>16 A. Yes.</p> <p>17 Q. Is that when you started working for 18 Wexford?</p> <p>19 A. Yes.</p> <p>20 Q. Was that 2009?</p> <p>21 A. 2010.</p> <p>22 Q. And did you do any type of work in the 23 medical field prior to working for Wexford?</p> <p>24 A. I was an LPN.</p>	<p>1 a CNA license in 1996, where did you work after 2 that?</p> <p>3 A. Crestwood Terrace.</p> <p>4 MR. ELIASER: Crestwood Terrace?</p> <p>5 A. Yes.</p> <p>6 BY MS. ARGENTINE:</p> <p>7 Q. And what is Crestwood Terrace, is that 8 a hospital?</p> <p>9 A. A nursing home.</p> <p>10 Q. And where did you work -- how long did 11 you work there?</p> <p>12 A. About three months.</p> <p>13 Q. Where did you work after that?</p> <p>14 A. Lexington in Orland.</p> <p>15 Q. What is that?</p> <p>16 A. Another nursing home.</p> <p>17 Q. How long were you there?</p> <p>18 A. Two and a half years.</p> <p>19 Q. Okay. And after that?</p> <p>20 A. I worked for Rosewood.</p> <p>21 Q. What is Rosewood?</p> <p>22 A. A nursing home.</p> <p>23 Q. How long were you at Rosewood?</p> <p>24 A. About two years.</p>
<p>18</p> <p>1 Q. Where were you an LPN?</p> <p>2 A. At McAllister's.</p> <p>3 Q. And where is McAllister's located?</p> <p>4 A. Country Club Hills.</p> <p>5 Q. And what were your job responsibilities 6 at McAllister's?</p> <p>7 A. Patient care.</p> <p>8 Q. Anything else?</p> <p>9 A. Passing out medications, dressing 10 changes, feed tube feedings, dressing changes, 11 documentation. I mean, there's quite a bit to 12 it, in taking, patient assessment.</p> <p>13 MR. ELIASER: Try to keep your voice up a 14 little bit. I know it's hard. Feel free to 15 shout out your answers.</p> <p>16 A. Okay.</p> <p>17 BY MS. ARGENTINE:</p> <p>18 Q. Any other medical training or any other 19 jobs in the medical field prior to working for 20 Wexford?</p> <p>21 A. I was a CNA.</p> <p>22 Q. And where was that?</p> <p>23 A. Where would you like me to begin?</p> <p>24 Q. Let's start -- so you became a CNA, got</p>	<p>20</p> <p>1 Q. How about after that?</p> <p>2 A. I worked for a warehouse.</p> <p>3 Q. What did you do for the warehouse?</p> <p>4 A. I counted parts.</p> <p>5 Q. What type of warehouse was it?</p> <p>6 A. Arrow Electronics.</p> <p>7 Q. How long were you there?</p> <p>8 A. About a year and a half.</p> <p>9 Q. Okay. After that?</p> <p>10 A. I worked for Pet Co.</p> <p>11 Q. How long did you work for Pet Co?</p> <p>12 A. About three months maybe, not very 13 long.</p> <p>14 Q. What was your position there?</p> <p>15 A. Picking.</p> <p>16 Q. Picking?</p> <p>17 A. We picked like animal stuff, I mean, 18 cat food, dog food, went down the aisles 19 picking.</p> <p>20 Q. How about after Pet Co?</p> <p>21 A. I went to another nursing home.</p> <p>22 Q. Do you remember the name?</p> <p>23 A. It was in Crestwood, I'm sorry, I 24 forgot.</p>

<p>1       <b>Q. How long were you there?</b>  2       A. I want to say about a year and a half.  3       <b>Q. Okay. And where did you go after that?</b>  4       A. Another nursing home.  5       <b>Q. Do you remember the name?</b>  6       A. Ridgeland.  7       <b>Q. I'm sorry, what did you say?</b>  8       A. Ridgeland.  9       <b>Q. How long were you there?</b>  10      A. Maybe a year?  11      <b>Q. And after that?</b>  12      A. I worked for Comcast Cable.  13      MR. ELIASER: You have an amazing memory, do  14      you know that?  15      A. It's hard to remember. I forgot the  16      one nursing home.  17      BY MS. ARGENTINE:  18      <b>Q. So this is between 1996 and 2010,</b>  19      <b>right?</b>  20      A. Well, I've had some moves, moved from  21      one area to about 45 minutes away. You know, I  22      tried to get out of being a CNA, something paid  23      a little better, better hours, so then I always  24      ended up going back to being a CNA.</p>	<p>1       different buildings, but it's still considered  2       as one job for us, you just go back and forth to  3       both buildings.  4       BY MS. ARGENTINE:  5       <b>Q. Okay. So would you be -- you could be</b>  6       <b>assigned to the NRC one day OR one week and then</b>  7       <b>you could be assigned to Stateville another</b>  8       <b>week, is that accurate?</b>  9       A. Yes.  10      <b>Q. And what position -- what title did you</b>  11      <b>hold when you started in 2010 for Wexford?</b>  12      A. Licensed Practical Nurse.  13      <b>Q. And what were your job</b>  14      <b>responsibilities?</b>  15      A. Passing medications, dressing changes,  16      emergency calls, noting charts, transcribing  17      orders, filling the med cart. You know, putting  18      meds away. Cleaning the med card. Going  19      through our MAR's. But, I mean, those are the  20      jobs of a LPN. My main job was the night shift  21      and we did shipment.  22      <b>Q. What do you mean by shipment?</b>  23      A. We shipped the inmates out. We didn't  24      ship them out. We did their health statuses for</p>
<p>22</p> <p>1       <b>Q. Okay. And how long were you at</b>  2       <b>Comecast?</b>  3       A. I want to say about a year.  4       <b>Q. After that?</b>  5       A. I was unemployed.  6       <b>Q. For how long?</b>  7       A. Probably about a year. I was getting  8       my LPN.  9       <b>Q. And after that where did you work?</b>  10      A. I worked at a nursing home,  11      McAllister's.  12      <b>Q. Okay.</b>  13      A. As an LPN for about three months. And  14      then I've been here.  15      <b>Q. Okay. Have you ever worked at any of</b>  16      <b>the other prisons in the Illinois Department of</b>  17      <b>Corrections other than Stateville?</b>  18      A. No.  19      MR. ELIASER: And NRC, right?  20      A. Yes.  21      MR. ELIASER: Yeah. I think they're  22      considered the same -- well, I'll let you answer  23      that.  24      A. Well, I mean, they're considered two</p>	<p>24</p> <p>1       them. We went through their charts, we gathered  2       all the information we need because NRC is our  3       Northern Receiving Center, you know, we do  4       x-rays there, we do the blood work there. So we  5       try to get all that gathered, all their health  6       history gathered on the night shift, along with  7       their charts and then we put it in one big  8       bucket along with their meds, and when they're  9       shipped to their parent institution they have  10       all their health history.  11      <b>Q. Okay. So you were working mostly in</b>  12      <b>the NRC then?</b>  13      A. On the night shift, yes, 2010.  14      <b>Q. And those were inmates that were being</b>  15      <b>brought into be processed and then they would go</b>  16      <b>to, you referred to it as their parent</b>  17      <b>institution --</b>  18      A. To serve their time, yes, their  19      assigned institution.  20      <b>Q. And do you remember what month you</b>  21      <b>started in 2010?</b>  22      A. February.  23      <b>Q. How long did you work the night shift?</b>  24      <b>Did you ever switch?</b></p>

<p>1 A. I worked the night shift for three and 2 a half years.</p> <p>3 Q. So in May of 2010 you were working the 4 night shift?</p> <p>5 A. I don't know if I was working that day. 6 MR. ELIASER: In general? 7 A. Oh, yeah.</p> <p>8 BY MS. ARGENTINE:</p> <p>9 Q. When you say you were working the night 10 shift, would you be working it every day or was 11 that most commonly what you worked?</p> <p>12 A. That was my shift, 11 to 7, yes.</p> <p>13 Q. So how many days a week was that? 14 A. 5 days.</p> <p>15 Q. Did you ever have the ability to pick 16 up extra shifts or switch shifts? 17 A. Pick up extra shifts, yes.</p> <p>18 Q. Okay. And after February of 2010 when 19 you were an LPN, did your title ever change? 20 A. Yes.</p> <p>21 Q. When did it change? 22 A. Yes, 2012.</p> <p>23 Q. And what did it change to? 24 A. A Registered Nurse.</p>	<p>1 A. Yes. 2 Q. Yes to both? 3 A. Hmm, hmm. Yes. 4 Q. Any other times you would do a nursing 5 assessment? 6 A. Only when you encounter a sick patient 7 would you do a nursing assessment. 8 Q. Did you ever do them at the NRC? 9 A. As an RN. 10 Q. Hmm, hmm? 11 A. Yes. 12 Q. What other job responsibilities do you 13 have as an RN that you didn't have as an LPN? 14 A. You would be left like senior nurse if 15 you're an RN, the night shift. You know, 16 everybody might be LPN, you're the only RN. 17 Q. Did your shift change or do you still 18 work the 11 to 7? 19 A. No, my shift has changed. 20 Q. And what's your shift? 21 A. 7 to 3. 22 Q. And has it been that since 2012? 23 A. No, since June 1st of 2013. 24 Q. What was your shift prior to that?</p>
<p>26</p> <p>1 Q. And what were your job responsibilities 2 as a Registered Nurse? 3 A. Nursing assessment, emergency calls, 4 dressing changes.</p> <p>5 Q. How was it different from being an LPN? 6 A. We do more of the assessment skills 7 than the LPN does. The assessment is left up to 8 the RN to do.</p> <p>9 Q. Can you give me some examples of some 10 of the assessments you would do? 11 A. As an RN, if an inmate came in, and you 12 know, we did all his vitals, and you know, we 13 took his symptoms down, checked his medication, 14 you know, and I would call the doctor.</p> <p>15 Q. Would that be on sick call would you do 16 those? 17 A. Yes, you mean --</p> <p>18 Q. I'm just trying to get a sense of when 19 these nursing assessments take place? 20 A. They take place anytime you encounter 21 an inmate who's sick.</p> <p>22 Q. Would that be only at sick call or if 23 you saw them in their cell, and they said they 24 weren't feeling well would you do an assessment?</p>	<p>28</p> <p>1 A. 11 to 7. 2 Q. And are you still an RN here at 3 Stateville? 4 A. Yes. 5 Q. In 2010 when you were an LPN, did you 6 ever hand out medication? 7 A. Yes. 8 Q. Did you ever give insulin shots? 9 A. Yes. 10 Q. Did you ever do Accu-Cheks? 11 A. Yes. 12 Q. And when you would hand out medication, 13 was there a way you would track that 14 information? 15 A. Through our MAR's. 16 Q. And what type of information would you 17 write down? 18 A. Well, I would -- I would put my 19 initials on the date that I gave the medication. 20 Q. Would you write down the type of 21 medication? 22 A. The medication would already be written 23 on the MAR, you're just initialing that you gave 24 that medication.</p>

<p>1       Q. So each inmate has a MAR that's 2 specific to them that's already filled with 3 certain information, is that correct? 4       A. Yes. 5       Q. Would you track the insulin shots you 6 would give in the same way? 7       A. Yes. 8       Q. Would you keep track of when you would 9 give an inmate an Accu-Chek? 10      A. Yes. 11      Q. Would that be tracked on the MAR? 12      A. Yes. 13      Q. In 2010 when you were an LPN did you 14 ever work in the Health Care Unit? 15      A. Yes. 16      Q. What type of things did you do in 17 there? 18      A. Pack medication. 19      Q. Anything else? 20      A. Note charts, carry out orders, call the 21 doctors, dressing changes, clean carts, organize 22 the medications, answer phone calls, clean the 23 Health Care Unit, stock medications, stock 24 equipment. Count, we count our narcotics.</p>	<p>1       A. This is for insulin, which is the 2 medication, yes. 3       Q. So this MAR would be specific to 4 insulin and no other medications that he was 5 receiving at that time, is that correct? 6       A. Correct. 7       Q. So there would be another MAR if he 8 was, for instance, receiving psychotropic drugs 9 at the time, there would be a separate MAR for 10 that, is that correct? 11      A. Yes. 12      Q. Now, along the left side it says 13 effective date, how are those filled in? It 14 looks like, you know, the top one says April 8th 15 of 2010, and then it says discontinue, 16 10-8-2010, when would those be filled in, those 17 dates? 18      A. The day the doctor wrote the order out. 19      Q. So that would be filled in by a 20 physician? 21      A. No, a nurse would fill this out 22 following the orders of the doctor. 23      Q. And where would they get that order 24 from?</p>
<p>30</p> <p>1       Q. And do you -- 2       MS. ARGENTINE: Do you want to continue from 3 the last number? 4       MR. ELIASER: No, we can start over. 5       MS. ARGENTINE: Could we mark this as Number 6 1. 7       (Whereupon, Deposition Exhibit 8       No. 1 was marked for 9       identification.) 10      BY MS. ARGENTINE: 11      Q. Miss Rossiter, you have been handed 12 what's been marked as Exhibit Number 1 for this 13 deposition. Is this the MAR that you're talking 14 about, an example of one? 15      A. This is an example of one, yes. 16      Q. So this -- I just want to go through 17 generally what is being shown on this page. So 18 this is -- if you look down at the bottom, this 19 is a MAR for Donald Lippert, do you see where 20 I'm referring to? 21      A. Yes. 22      Q. And when you're-- and is this for 23 handing out medication, this specific one that 24 we're looking at on top?</p>	<p>32</p> <p>1       A. What we call a script, medication 2 script. 3       Q. So a doctor would write out -- is that 4 like a prescription? 5      A. Yes, he would write out a prescription. 6       Q. And give it to the nurse? 7      A. And then we would carry out the orders. 8       Q. Okay. So you would fill in the 9 original order date; what does the discontinue 10 date mean? 11      A. 10-8 of '10. 12      Q. What does that mean? 13      A. The date that the -- the medication 14 ends that day. 15      Q. And in between that time does it 16 indicate anywhere on this chart how often that 17 medication is given? 18      A. Yes. 19      Q. Where do you see that? 20      A. Like the first sign says AM. 21      Q. So would that be on April 8th of 2010? 22      A. That it started? 23      Q. Right. I guess -- let me ask it a 24 different way. I'm just wondering based on this</p>

<p>1 chart if it tells you anywhere on here how often      2 Mr. Lippert was receiving this particular      3 medication, this insulin?      4 A. Twice a day, AM and PM.      5 Q. And how can you tell that from this      6 chart?      7 A. He gets insulin in the AM and then it      8 looks like he's getting more insulin in the PM.      9 Q. Does this chart indicate anywhere the      10 days that he's receiving those insulin shots?      11 A. The initial.      12 Q. Okay. So the initials under these      13 numbers were 1 to 31, those are dates, is that      14 correct?      15 A. Yes.      16 Q. And the initials are whose initials?      17 Not a specific person, but would that be like a      18 nurse, or --      19 A. A med tech.      20 Q. A med tech. And those initials would be      21 for whoever administered insulin, is that      22 correct?      23 A. Who gave him his insulin, yes.      24 Q. And you corrected me by saying by who</p>	<p>1 A. The medical staff is always there      2 present when he gets his dose, his Accu-Chek and      3 he pulls up his insulin. He pulls up his own      4 insulin, in his own bottle in front of medical      5 staff and gives his own injection.      6 Q. Has that always been the case?      7 A. Yes, here at Stateville, yes.      8 Q. Since you started here four and a half      9 years ago, correct?      10 A. Stateville side, yes.      11 Q. Who administers the Accu-Chek?      12 A. They do, they do their own Accu-Chek in      13 front of us, or we assist them, you know.      14 Q. Do you know specifically whether or not      15 Don Lippert does his own Accu-Chek?      16 A. In front of the medical staff, yes.      17 Q. And where would these -- where would      18 the medication -- scratch that.      19 Where would this take place, the giving      20 him -- where Don would give himself the      21 Accu-Chek and insulin shot in front of the      22 medical staff?      23 A. Depending on where they're housed.      24 Q. It takes place like, for instance, if</p>
<p>34</p> <p>1 gave him his insulin. Was there a difference      2 between gave and administered? Does he give      3 himself his insulin?      4 A. Yes.      5 Q. How long has he been doing that?      6 MR. ELIASER: I would object to the form of      7 the question. If you want to rephrase it.      8 MS. ARGENTINE: Sure.      9 BY MS. ARGENTINE:      10 Q. At some point, at any time did a med      11 tech or nurse administer the insulin shots for a      12 patient?      13 A. Yes, we have administered.      14 Q. At some point did that policy change?      15 A. Policy?      16 Q. I'm guess, I'm just wondering why now      17 Lippert administers his own, as opposed to on      18 what occasion would a med tech or a nurse      19 administer it for him versus him administering      20 it himself?      21 MR. ELIASER: She's just asking in what      22 situations would the inmate administer his own      23 insulin versus having the medical staff      24 administer it?</p>	<p>36</p> <p>1 Don was in F House, it would take place in F      2 House?      3 A. In his cell, yes.      4 Q. In his cell.      5 Was that true in 2010?      6 A. Yes.      7 Q. Now, if you look at the last entry, it      8 seems to me -- let's look at the second to last      9 one, Accu-Chek, do you see where I'm looking?      10 A. Yes.      11 Q. Did Don not receive any insulin on that      12 particular day? Or are these -- I guess, what      13 are these four entries for, because it wouldn't      14 just be a day, right? Are these four different      15 types of treatments?      16 MR. ELIASER: What she's asking you if those      17 are four different types of orders and different      18 types of treatment?      19 A. Oh, yes.      20 BY MS. ARGENTINE:      21 Q. Four different types of orders?      22 A. Yes.      23 Q. So the Accu-Chek is a separate script      24 from the doctor?</p>

<p>1 A. It would probably be on the same script 2 with the other medications.</p> <p>3 Q. It's a separate task?</p> <p>4 A. A separate order, yes.</p> <p>5 Q. And it looks like on 5-1-2010 there's a 6 new script for an insulin shot, is that 7 accurate? Looking at the fourth box down?</p> <p>8 A. Yes.</p> <p>9 Q. And do you know whether -- do you have 10 any idea why he received a new script on 11 5-1-2010?</p> <p>12 A. No.</p> <p>13 Q. Is this medication that he's receiving 14 on 5-1-2010 and ending on 5-1-2010 different 15 from what the script that he's receiving 16 starting on 4-8-2010?</p> <p>17 A. It's a stat order, a now order.</p> <p>18 Q. A stat order?</p> <p>19 A. It says now.</p> <p>20 Q. Okay. So this was a one time order, is 21 that accurate?</p> <p>22 A. That's what it looks like, yes.</p> <p>23 Q. Is your initials anywhere on this page, 24 can you tell?</p>	<p>1 A. It could be on a separate one.</p> <p>2 Q. So it looks like this is for April of 3 2010, is that right, so there should be a May 4 MAR, correct?</p> <p>5 A. Yes.</p> <p>6 Q. If you can flip to the second page, 7 it's marked Lippert 914. Would that be the May 8 chart for 2010 for Mr. Lippert's insulin shot?</p> <p>9 A. Where?</p> <p>10 MR. ELIASER: Yeah, she's just asking is this 11 the May 2010 insulin MAR?</p> <p>12 A. Yes.</p> <p>13 BY MS. ARGENTINE:</p> <p>14 Q. And do you see your initials anywhere 15 on this page?</p> <p>16 A. Yes.</p> <p>17 Q. Where do you see them?</p> <p>18 A. May 9th. May 20th.</p> <p>19 Q. For May 9th you're looking at the last 20 medication at the bottom?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. Sorry, did you say another one?</p> <p>23 A. May 21st, May 22nd.</p> <p>24 MR. ELIASER: I think it's the 20 and 21,</p>
<p>38</p> <p>1 A. April 17th it looks like, maybe, could 2 be, it looks like it.</p> <p>3 MR. ELIASER: For which order?</p> <p>4 A. The Accu-Chek.</p> <p>5 BY MS. ARGENTINE:</p> <p>6 Q. Which one are you looking at? The AM 7 or PM?</p> <p>8 A. PM Accu-Chek.</p> <p>9 Q. Okay. So that's your initials here, it 10 kind of looks like?</p> <p>11 MR. ELIASER: What does it look like?</p> <p>12 BY MS. ARGENTINE:</p> <p>13 Q. What does it look like?</p> <p>14 A. AR.</p> <p>15 Q. Okay. So for the record we're looking 16 at the Accu-Chek, the third box down, the PM and 17 then the April 17th line?</p> <p>18 A. Yes.</p> <p>19 Q. Anywhere else do you see your initials 20 on here?</p> <p>21 A. No.</p> <p>22 Q. If Mr. Lippert had received any other 23 scripts for 5-1-2010 would it be on this page or 24 would it be on a separate one?</p>	<p>40</p> <p>1 right?</p> <p>2 A. Oh, okay.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

<p>1 BY MS. ARGENTINE:</p> <p>2 Q. Anywhere else?</p> <p>3 A. No.</p> <p>4 MR. ELIASER: Is that right, 20 and 21? May 5 the 20th and 21st?</p> <p>6 A. Yes, May 20th and 21st.</p> <p>7 BY MS. ARGENTINE:</p> <p>8 Q. And based on this note, what medication 9 were you giving to Mr. Lippert on May 9th, May 10 20th and May 21st?</p> <p>11 A. NPH, 15 units.</p> <p>12 Q. What is that, NPH?</p> <p>13 A. Insulin.</p> <p>14 Q. Okay. You can put that aside.</p> <p>15 Now, Miss Rossiter, when you would get 16 your schedule for your shift, is there a 17 schedule you would receive on a weekly basis 18 that would tell you what days that week you were 19 working?</p> <p>20 A. Yes.</p> <p>21 Q. Is that in paper?</p> <p>22 A. Yes.</p> <p>23 Q. And you would receive that when, like 24 the week before?</p>	<p>1 A. That's not guaranteed you're going to 2 be there.</p> <p>3 Q. Okay.</p> <p>4 A. Nothing is a guarantee.</p> <p>5 Q. Can you think of what -- can you recall 6 what the different slots were that you could 7 have been put into in May of 2010?</p> <p>8 A. It depends on, you know, my regular 9 shift is 11 to 7, so --</p> <p>10 Q. Sure. I'm just wondering what the 11 options are, Health Care Unit, Sick Call --</p> <p>12 A. Health Care Unit, it depends on where 13 you're at, whether you're at the NRC or the 14 Stateville side.</p> <p>15 Q. Would that information be on the 16 schedule?</p> <p>17 A. There's two different schedules, yes.</p> <p>18 Q. Okay. If you're on the Stateville side 19 what types of information would be on there with 20 respect to where you would be at on a particular 21 day?</p> <p>22 A. It would be whether you're at Bravo, 23 Charlie, Delta, Edward, F and X --</p> <p>24 Q. Are those houses?</p>
<p>42</p> <p>1 A. That Friday, yes.</p> <p>2 Q. And who would give that to you?</p> <p>3 A. The supervisor would put it out.</p> <p>4 Q. And you would receive a copy of it?</p> <p>5 A. You got to make your own.</p> <p>6 Q. But you had the ability to do that?</p> <p>7 A. Yes.</p> <p>8 Q. Would you make copies of your schedule?</p> <p>9 A. Sometimes.</p> <p>10 Q. Would you have your schedule from May 11 of 2010 still?</p> <p>12 A. No.</p> <p>13 Q. What information would be on that 14 schedule?</p> <p>15 A. The days you're working.</p> <p>16 Q. Would it say what tasks you had for 17 those particular days, whether you were working 18 in the Health Care Unit or handing out 19 medications?</p> <p>20 A. Yes.</p> <p>21 Q. That would be stated on that schedule?</p> <p>22 A. You would be slotted into that spot, 23 yes.</p> <p>24 Q. And what --</p>	<p>44</p> <p>1 A. Yes.</p> <p>2 Q. And then you said you could be in the 3 infirmary?</p> <p>4 A. Yes.</p> <p>5 Q. Or the Health Care Unit?</p> <p>6 A. The Health Care Unit -- it's all one 7 Health Care Unit, okay, whether you're in the 8 E.R. or in the infirmary.</p> <p>9 Q. Okay. What are the other options that 10 would be on there?</p> <p>11 A. For the nursing staff?</p> <p>12 Q. Hmm, hmm.</p> <p>13 A. That would be it.</p> <p>14 Q. So you were either passing medications 15 or you were in the Health Care Unit, are those 16 the two options?</p> <p>17 A. The infirmary.</p> <p>18 Q. The infirmary. And you said that that 19 could change, how would that change?</p> <p>20 A. Well, you could be at the Stateville 21 side, or you could come in and find out you're 22 on the NRC side. You can find out you're going 23 to work the infirmary. You're not going to pass 24 meds. You're going to be the med tech for the</p>

<p>1 day, if you're an LPN, on the NRC side, or      2 you're going to be the med tech on the      3 Stateville side. It just depends on the staff      4 changes.</p> <p>5 <b>Q. It would depend on who was there that</b>  <b>6 day?</b></p> <p>7 A. Yes.</p> <p>8 <b>Q. And when you came in for your shift</b>      9 <b>would you have to sign in?</b></p> <p>10 A. We punch in.</p> <p>11 <b>Q. You punch in. Where would you punch</b>      12 <b>in?</b></p> <p>13 A. Where ever you're assigned to.</p> <p>14 <b>Q. So the infirmary would have a separate</b>      15 <b>punch in --</b></p> <p>16 A. No.</p> <p>17 <b>Q. You're talking NRC versus Stateville?</b></p> <p>18 A. Each building has its own box to punch      19 in.</p> <p>20 <b>Q. Okay. And are we talking like a card</b>      21 <b>that you actually --</b></p> <p>22 A. Your finger.</p> <p>23 <b>Q. Can you explain that?</b></p> <p>24 A. You type in your last 4 digits of your</p>	<p>1 BY MS. ARGENTINE:</p> <p>2 <b>Q. Ms. Rossiter, how much -- on your 11 to</b>      3 <b>7 shift in 2010, do you know how many nurses</b>      4 <b>would be staffed on that shift at Stateville?</b></p> <p>5 A. Nurses and med techs, three nurses.</p> <p>6 <b>Q. How many med techs?</b></p> <p>7 A. One.</p> <p>8 <b>Q. Any other medical staff?</b></p> <p>9 A. No.</p> <p>10 <b>Q. Was there no doctor on staff for the 11</b>      11 <b>to 7 shift?</b></p> <p>12 A. No.</p> <p>13 <b>Q. Were all the nurses LPN's?</b></p> <p>14 A. No.</p> <p>15 <b>Q. An RN?</b></p> <p>16 A. Yes.</p> <p>17 <b>Q. How many RN's?</b></p> <p>18 A. There has to be one per facility.</p> <p>19 <b>Q. When you started in 2010 what type of</b>      20 <b>training did you receive from Wexford, medical</b>      21 <b>treatment for the inmates?</b></p> <p>22 A. Three weeks of orientation.</p> <p>23 <b>Q. And that was headed by Wexford</b>      24 <b>specifically?</b></p>
<p>46</p> <p>1 social security number and then you put your      2 little finger on there, that's how we punch in.</p> <p>3 <b>Q. And do you similarly punch out the same</b>      4 <b>way?</b></p> <p>5 A. Yes.</p> <p>6 <b>Q. And do you know whether the State or</b>      7 <b>Wexford keeps the schedules going back four</b>      8 <b>years, five years, or if they have those stored</b>      9 <b>electronically somewhere?</b></p> <p>10 MS. PTASZNIK: I'm not sure. I haven't heard      11 of something like that.</p> <p>12 MR. ELIASER: I'm not such either. I think      13 they may for some facilities for sometime, maybe      14 not for others.</p> <p>15 BY MS. ARGENTINE:</p> <p>16 <b>Q. Or if they keep a track of who punches</b>      17 <b>in, when, is that stuff kept electronically?</b></p> <p>18 MR. ELIASER: If you want to make a request,      19 we'll check and see.</p> <p>20 MS. ARGENTINE: Do you want me to make a      21 written request?</p> <p>22 MR. ELIASER: Yeah, let's talk about it      23 afterwards.</p> <p>24 MS. ARGENTINE: Okay.</p>	<p>48</p> <p>1 A. Yes.</p> <p>2 <b>Q. And were those classes -- how was the</b>      3 <b>orientation run?</b></p> <p>4 A. On the job training.</p> <p>5 <b>Q. So you would follow another nurse as</b>      6 <b>she completed her tasks for the day, is that it?</b></p> <p>7 A. Yes.</p> <p>8 <b>Q. Anything else?</b></p> <p>9 A. No.</p> <p>10 <b>Q. Do you have any formal or informal</b>      11 <b>training from the Illinois Department of</b>      12 <b>Corrections?</b></p> <p>13 A. Yes.</p> <p>14 <b>Q. What did you do?</b></p> <p>15 A. We did a week training course.</p> <p>16 <b>Q. And where did that take place?</b></p> <p>17 A. The NRC.</p> <p>18 <b>Q. And what type of training did that</b>      19 <b>involve?</b></p> <p>20 A. Well, what to expect from the inmates      21 and what are inmates.</p> <p>22 <b>Q. Who ran those trainings?</b></p> <p>23 A. I.D.O.C.</p> <p>24 <b>Q. Would it be a medical staff member?</b></p>

<p>1 A. No.</p> <p>2 <b>Q. Warden, correctional officer, do you</b> <b>remember?</b></p> <p>3 A. I don't think it was the warden, it 5 wasn't the warden. I don't know who runs those.</p> <p>6 <b>Q. Was the I.D.O.C. training specific to</b> <b>medical?</b></p> <p>8 A. No, not that we were training, no.</p> <p>9 <b>Q. Did you receive any other training from</b> <b>I.D.O.C.?</b></p> <p>11 A. We did receive one day training, CPR, 12 which we do yearly.</p> <p>13 <b>Q. Anything else?</b></p> <p>14 A. We also had another day of -- they 15 brought us up, teach us about 434, how to write 16 a 434. A 434 is like a complaint that you have.</p> <p>17 <b>Q. That you as a staff member have?</b></p> <p>18 A. Well, how to like write up an inmate, 19 write, you know, issues, we use 434's for if 20 we're sending an inmate out, to let the warden 21 know, or not the warden, the shift commander 22 know what's going on.</p> <p>23 <b>Q. Sending an inmate out for what?</b></p> <p>24 A. Like the inmate had to go to the</p>	<p>1 A. Like if we're looking for a chart for 2 an inmate, how -- okay, they taught me all about 3 medical records, how to pull a chart when 4 looking for a location for an inmate.</p> <p>5 <b>Q. Is that like computer training?</b></p> <p>6 A. No.</p> <p>7 <b>Q. Or are these hard files that you're</b> <b>looking at?</b></p> <p>9 A. Yeah.</p> <p>10 <b>Q. Okay. Anything else?</b></p> <p>11 A. They taught me, you know, again, how to 12 pass medication, how to organize the cart, you 13 know, how they organize, how they do things, you 14 know, how they do their dressing changes, who 15 comes up on dressing changes. You know, that 16 was on the first shift of week training. On the 17 second shift, you know, we learned how that 18 shift is ran. Everything is pretty much basic, 19 you know, inmates come up for dressing changes, 20 some come up for medication, how to pack the 21 meds.</p> <p>22 <b>Q. So in that three weeks were you rotated</b> <b>through the three different shifts?</b></p> <p>24 A. I got one week on days, one week on 3</p>
<p>50</p> <p>1 hospital, or an incident happened, like a fight, 2 an inmate on inmate fight, you write a 434.</p> <p>3 <b>Q. So the only medical training you</b> <b>received from Wexford or I.D.O.C. was that three</b> <b>week orientation?</b></p> <p>6 A. Yes.</p> <p>7 <b>Q. Okay. And what types of training did</b> <b>you receive during that three weeks?</b></p> <p>9 MR. ELIASER: Well, she had also testified to 10 the additional one week of training course 11 through the I.D.O.C., right?</p> <p>12 MS. ARGENTINE: But that was not medical.</p> <p>13 MR. ELIASER: Correct, that was not medical?</p> <p>14 A. That was not medical.</p> <p>15 BY MS. ARGENTINE:</p> <p>16 <b>Q. So what types of training, medical</b> <b>training, did you receive during the three week</b> <b>orientation?</b></p> <p>19 A. They showed me how they go about 20 passing medication, how they transcribe their 21 orders, how they go through the chart, how we 22 pull charts, how we're looking for an inmate.</p> <p>23 <b>Q. What do you mean by how we're looking</b> <b>for an inmate?</b></p>	<p>52</p> <p>1 to 11, and then I went to my night shift.</p> <p>2 <b>Q. Did you have any training specific to</b> <b>treating diabetic patients?</b></p> <p>4 MR. ELIASER: From Wexford or just --</p> <p>5 MS. ARGENTINE: During this orientation?</p> <p>6 A. Yes.</p> <p>7 BY MS. ARGENTINE:</p> <p>8 <b>Q. And what training did you have for</b> <b>that?</b></p> <p>10 A. They taught me -- I already knew how to 11 use an Accu-Chek machine, just familiarizing me 12 with their Accu-Chek machine, and how they go 13 about giving their insulin.</p> <p>14 <b>Q. And that would be on the job training,</b> <b>through the shadowing of another nurse?</b></p> <p>16 A. Yes.</p> <p>17 <b>Q. When are Accu-Cheks done? Are those</b> <b>done with the medication distribution?</b></p> <p>19 A. No.</p> <p>20 <b>Q. When are they done?</b></p> <p>21 A. They're done AM and PM by a med tech.</p> <p>22 <b>Q. Is that prior to giving the insulin</b> <b>shot?</b></p> <p>24 A. Yes.</p>

<p>1       <b>Q. Are Accu-Cheks ever done outside of 2 administering or giving the insulin?</b></p> <p>3       A. Yes.</p> <p>4       <b>Q. On what occasions would that occur?</b></p> <p>5       A. The inmate's request.</p> <p>6       <b>Q. Is there any sort of procedure for an 7 inmate requesting an Accu-Chek or is it just 8 automatically done if an inmate requests it?</b></p> <p>9       A. Well, if an inmate requests it, we try 10 to get it done, yes.</p> <p>11      <b>Q. If an inmate were to request an 12 Accu-Chek check while you were distributing 13 medication, what type of procedure would you 14 follow then?</b></p> <p>15      A. I would go -- I would go get a med 16 tech, that's the med tech's duty to do the 17 Accu-Chek.</p> <p>18      <b>Q. You wouldn't necessarily do the 19 Accu-Chek, stop distributing medication to do 20 the Accu-Chek right there?</b></p> <p>21      A. Well, we don't carry it. If I'm having 22 nursing duties that day, not med tech duties, I 23 would be out passing medication, I would call 24 the med tech.</p>	<p>1       Accu-Chek, if I was in the Health Care Unit, he 2 wanted it, I would give it to him, of course.</p> <p>3       <b>Q. Okay. But typically it's the med 4 tech's responsibility on a routine basis to 5 treat diabetic patients, is that accurate?</b></p> <p>6       A. Yes. They have duties, the nurses have 7 duties.</p> <p>8       <b>Q. And what are the nurses specific 9 duties?</b></p> <p>10      A. Medication, packing the medication, 11 going through our carts, stocking our 12 medication, nursing orders, transcribing, 13 charts, phone calls, dressing changes, emergency 14 calls.</p> <p>15      <b>Q. Did you receive any training on 16 emergency treatment for inmates.</b></p> <p>17      MR. ELIASER: During the orientation?</p> <p>18      A. I've seen emergency calls, I've gone 19 through them.</p> <p>20      BY MS. ARGENTINE:</p> <p>21      <b>Q. Did you receive any specific training 22 during your orientation on them?</b></p> <p>23      A. Well, yes, I mean, if there's an 24 emergency, there's a Code 3 called and the</p>
<p>54</p> <p>1       <b>Q. Explain to me the difference between 2 nursing duties and med tech duties?</b></p> <p>3       A. Well, the med techs they do all the 4 diabetics and they pass out blister packs and 5 medication.</p> <p>6       <b>Q. I'm sorry, blister packs?</b></p> <p>7       A. Blister pack medication.</p> <p>8       <b>Q. What's a blister pack?</b></p> <p>9       A. It's a blister pack of medications, it 10 has 30 days worth of medication, a 30 day supply 11 of medications, usually maintenance meds, 12 creams, ointments, shampoos.</p> <p>13      <b>Q. Okay. And they distribute those to the 14 inmates?</b></p> <p>15      A. Yes.</p> <p>16      <b>Q. And you say the med tech deal 17 exclusively with the diabetic patients?</b></p> <p>18      A. Yes.</p> <p>19      <b>Q. So a nurse would never give an insulin 20 shot or give an Accu-Chek as part of his or her 21 duties?</b></p> <p>22      A. If I had to, yes, of course I would, 23 yes. I mean, if the inmate came up and said I 24 feel my blood sugar is low, if I had the</p>	<p>56</p> <p>1       inmates were brought up to the E.R. as soon as 2 possible, we have a certain amount of time, we 3 have drills that are done for Code 3.</p> <p>4       <b>Q. How often are drills done?</b></p> <p>5       A. I want to say twice, three times a 6 year. And that's a response time on a Code 3.</p> <p>7       <b>Q. Since that orientation have you 8 received any formal or informal training related 9 to diabetic patients?</b></p> <p>10      A. During our nurses meeting, we have a 11 nursing meeting once a month. If something new 12 comes up, they'll usually, you know, give you a 13 handout, and teach us about it, if they're 14 changing anything.</p> <p>15      <b>Q. Did you receive policies or procedures, 16 written policies or procedures when you became a 17 nurse in 2010?</b></p> <p>18      A. For here?</p> <p>19      <b>Q. Yes, from Wexford?</b></p> <p>20      A. They're in our Health Care Unit.</p> <p>21      <b>Q. They're like in binders in the Health 22 Care Unit?</b></p> <p>23      A. Yes.</p> <p>24      <b>Q. Do you have copies at your house or</b></p>

<p>1 personal copies that you keep?</p> <p>2 A. No.</p> <p>3 Q. Did you ever have any training where</p> <p>4 you went over those policies in detail from</p> <p>5 Wexford or the Illinois Department of</p> <p>6 Corrections?</p> <p>7 A. Not in detail. But, you know, if</p> <p>8 something changes or something new comes up,</p> <p>9 they usually introduce it to us, you know, at</p> <p>10 the nursing meeting.</p> <p>11 Q. Is there any other documentation that</p> <p>12 would show who was working on a particular day</p> <p>13 other than the schedule that we talked about</p> <p>14 earlier?</p> <p>15 A. We sign in and sign out.</p> <p>16 Q. The punch in and punch out that you</p> <p>17 were talking about or is it something separate?</p> <p>18 A. We sign in and sign out too.</p> <p>19 Q. Where do you do that?</p> <p>20 A. There's a book by the punch-in.</p> <p>21 Q. Was that true in 2010?</p> <p>22 A. Yes, I can remember that, yes.</p> <p>23 Q. Are there any other forms of</p> <p>24 documentation that would show who was working on</p>	<p>1 BY MS. ARGENTINE:</p> <p>2 Q. Sure. You know, if an inmate --is it a</p> <p>3 typical procedure for an inmate if they need</p> <p>4 medical treatment, if it's not an emergency to</p> <p>5 file for sick call?</p> <p>6 A. They put in a sick call slip.</p> <p>7 Q. If an inmate were to request from a</p> <p>8 nurse or a med tech in either the infirmary or</p> <p>9 while passing out medications, medical</p> <p>10 treatment, what is the procedure the nurses or</p> <p>11 the med tech would follow with respect to</p> <p>12 providing that medical treatment?</p> <p>13 MR. ELIASER: Same objection.</p> <p>14 A. Would you repeat that?</p> <p>15 BY MS. ARGENTINE:</p> <p>16 Q. Sure. If an inmate while you were</p> <p>17 passing out medications requested some sort of</p> <p>18 medical treatment that wasn't, had nothing to do</p> <p>19 with the medication, what would you as a nurse</p> <p>20 do?</p> <p>21 MR. ELIASER: Same objection.</p> <p>22 MS. PTASZNIK: Join.</p> <p>23 MR. ELIASER: You can answer. I mean, she's</p> <p>24 just asking you generally if an inmate requests</p>
<p>58</p> <p>1 a particular day?</p> <p>2 A. Well, I mean, if you signed any MAR's</p> <p>3 that day it would show, if you did any nurses</p> <p>4 notes that day.</p> <p>5 Q. Anything else?</p> <p>6 A. Just any documentation on anything</p> <p>7 you've done that day would show that you were</p> <p>8 there.</p> <p>9 Q. What's the procedure that nurses follow</p> <p>10 if an inmate requests medical treatment not</p> <p>11 through sick call?</p> <p>12 MR. ELIASER: I would object to the vagueness</p> <p>13 of the question, incomplete hypothetical. Are</p> <p>14 you referring to now? Today?</p> <p>15 BY MS. ARGENTINE:</p> <p>16 Q. Well, would that be different from</p> <p>17 2010? I'm referring to 2010, if it is different</p> <p>18 from today; is there any further procedures that</p> <p>19 nurses or med techs follow when an inmate</p> <p>20 requests medical treatment by not filing a sick</p> <p>21 call?</p> <p>22 MR. ELIASER: Same objection.</p> <p>23 A. I'm confused.</p> <p>24</p>	<p>60</p> <p>1 treatment, what would you do. Can you answer a</p> <p>2 question that vague?</p> <p>3 A. Every situation is different.</p> <p>4 MR. ELIASER: All right. I would suggest</p> <p>5 being more specific, if you want to talk about</p> <p>6 this case.</p> <p>7 MS. ARGENTINE: Sure.</p> <p>8 BY MS. ARGENTINE:</p> <p>9 Q. I think we went already went over this,</p> <p>10 but if an inmate requested an Accu-Chek while</p> <p>11 you were handing out medication, would you</p> <p>12 typically give that inmate the Accu-Chek?</p> <p>13 MR. ELIASER: And that was asked and</p> <p>14 answered. So when I state an objection, you</p> <p>15 still have to answer the question, if you can,</p> <p>16 if you understand it, you can answer the</p> <p>17 question. I'm just stating an objection for the</p> <p>18 record, because I object to the way the question</p> <p>19 was formed, it was phrased. So if you</p> <p>20 understand -- and my objection to that last</p> <p>21 question was that you already were asked that</p> <p>22 question, you already answered that question</p> <p>23 earlier. Remember she asked you when you were</p> <p>24 passing out medications and an inmate requests</p>

<p>1 an Accu-Chek, what would you do, right, you      2 already answered that question?      3 A. Yes.      4 BY MS. ARGENTINE:      5 Q. That's fine, we can move on. You said      6 you don't work at clinics, is that correct?      7 A. No.      8 Q. In 2010 you never worked at clinics,      9 you never worked at the diabetic clinic, is that      10 accurate?      11 A. Yes.      12 Q. Now, I want to turn your attention to      13 May 1st of 2010; do you recall whether you were      14 working that day?      15 A. No.      16 Q. Is there anything that would refresh      17 your recollection as to whether or not you were      18 working that day?      19 A. No.      20 Q. But it would be stated on the schedule      21 whether or not you were working that day?      22 A. Hmm, hmm. Yes.      23 Q. And you would have signed in that day,      24 correct?</p>	<p>1 Accu-Chek for him?      2 A. No.      3 Q. Do you recall a time on or around May      4 1st, 2010 where Mr. Lippert told you he wasn't      5 feeling well and he felt that he needed an      6 insulin shot that he didn't receive?      7 A. No.      8 Q. Do you know if Mr. Lippert had asked      9 you to give him an Accu-Chek would that be      10 documented somewhere, just his request?      11 A. No.      12 Q. If he had asked you to give him an      13 insulin shot on or around May 1st, 2010, would      14 his request be documented somewhere?      15 A. If it was -- if I gave that man an      16 insulin shot, yes, it should be documented.      17 Q. Sure. Would his request be documented      18 some where, whether or not -- if you did not      19 give him an insulin shot, would his request of      20 receiving an insulin shot be documented some      21 where?      22 MR. ELIASER: She's asking you if he asked      23 you for an insulin shot, would that be      24 documented, would you document that?</p>
<p>62</p> <p>1 A. Yes.      2 Q. And if you were working in the      3 infirmary you perhaps would be on medical      4 records from that day, is that correct?      5 A. Yes.      6 Q. If you were handing out medication that      7 day, what records would show that you were      8 handing out medications that day?      9 A. The MAR's that were signed for that      10 day.      11 Q. If you're distributing any type of      12 medication your initials would be on a MAR's, is      13 that accurate?      14 A. Yes.      15 Q. So you don't recall having any      16 interaction with Mr. Lippert on May 1st, 2010?      17 A. I can't remember that day.      18 Q. Do you remember a time in or around May      19 1st, 2010 where you saw Mr. Lippert in the      20 infirmary and he asked for a insulin shot?      21 A. No.      22 Q. Do you recall on or around May 1st,      23 2010 a time when you were handing out      24 medications and Mr. Lippert asked you to do an</p>	<p>64</p> <p>1 A. An insulin shot, yes.      2 MR. ELIASER: She's not asking if you gave it      3 to him, she's asking simply if he just requested      4 an insulin shot, would you document that simple      5 request, right?      6 MS. ARGENTINE: Yes.      7 MR. ELIASER: That's all she's asking.      8 A. No.      9 BY MS. ARGENTINE:      10 Q. Do you recall a time on or around May      11 1st, 2010 where Mr. Lippert had to be taken to      12 the infirmary for an emergency insulin shot?      13 A. No.      14 Q. Are you aware of anyone that would      15 remember any incident with Mr. Lippert on May      16 1st, 2010?      17 A. People who seen him in the infirmary      18 that day, maybe, I don't know.      19 Q. Have you ever had any conversations      20 with anyone about a medical incident occurring      21 with Mr. Lippert on May 1st, 2010 other than      22 your attorney?      23 A. No.      24 Q. You were working the 11 to 7 shift in</p>

<p>1     <b>May of 2010, is that correct?</b></p> <p>2     A. That's what I was scheduled for, yes.</p> <p>3     MR. ELIASER: The NRC, right?</p> <p>4     A. Yes.</p> <p>5     BY MS. ARGENTINE:</p> <p>6     <b>Q. I'm sorry, the NRC?</b></p> <p>7     A. Yes.</p> <p>8     <b>Q. How often would you be at Stateville?</b></p> <p>9     A. It would depend, you never know. I 10 mean, for my shift, I work at the NRC.</p> <p>11    <b>Q. And working at the NRC for your shift, 12 you wouldn't typically not have any interactions 13 with handing out medications to inmates in F 14 House, is that accurate?</b></p> <p>15    A. Yes.</p> <p>16    <b>Q. Do you recall any times in May of 2010 17 when you were working at Stateville?</b></p> <p>18    A. I don't recall, no.</p> <p>19    <b>Q. Do you recall the names of the nurses 20 that were working that shift, the 11 to 7 shift 21 in Stateville in May of 2010?</b></p> <p>22    A. Can you repeat the first part of that?</p> <p>23    <b>Q. Sure. I'm just wondering if you recall 24 the names of the nurses that would have been</b></p>	<p>1     <b>Q. Have you ever had any conversations 2 with Nurse Breske about Mr. Lippert that you can 3 recall?</b></p> <p>4     A. No.</p> <p>5     <b>Q. Have you ever had any conversations 6 with the other Defendants in this case, 7 Correctional Officer Norman or Maldonado about 8 Mr. Lippert, that you can recall?</b></p> <p>9     A. No.</p> <p>10    <b>Q. Are you aware that Mr. Lippert filed a 11 grievance in this case about a May 1st incident, 12 or about incident on May 1st, 2010?</b></p> <p>13    A. No.</p> <p>14    <b>Q. So you've never been asked to review 15 any medical records with respect to a grievance 16 that he filed from May 2010?</b></p> <p>17    A. No.</p> <p>18    <b>Q. What training outside of Wexford have 19 you received with respect to diabetes?</b></p> <p>20    A. In school.</p> <p>21    <b>Q. What types of training did you receive?</b></p> <p>22    A. How to administer insulin shots, some 23 of the signs and symptoms of hyper, hypo, 24 different types of medications, how long the</p>
<p>1     <b>working the 11 to 7 shift at Stateville as 2 opposed to the NRC in May of 2010?</b></p> <p>3     A. No.</p> <p>4     <b>Q. Do you recall the names of any med 5 techs that would have been working at 6 Stateville, the 11 to 7 shift in May of 2010?</b></p> <p>7     A. No.</p> <p>8     <b>Q. Do you recall any medical -- scratch 9 that.</b></p> <p>10    <b>Do you recall any times in May 2010 or 11 otherwise that Mr. Lippert specifically 12 requested you give him an Accu-Chek?</b></p> <p>13    A. No.</p> <p>14    <b>Q. Have you ever had any conversations 15 with Mr. Lippert?</b></p> <p>16    A. Besides when he comes up for insulin, 17 sometimes.</p> <p>18    <b>Q. Have you ever had conversations with 19 Mr. Lippert about May 1st, 2010?</b></p> <p>20    A. No.</p> <p>21    <b>Q. Have you ever had any conversations 22 with Doctor Zhang about Mr. Lippert that you can 23 recall?</b></p> <p>24    A. No. I don't recall the doctor.</p>	<p>1     medications last in the system, the sugar 2 levels, what they should be, between normal, 3 high.</p> <p>4     <b>Q. Did you have any experience with 5 diabetic patients in any of the nursing homes or 6 jobs in the medical field?</b></p> <p>7     A. Yes.</p> <p>8     <b>Q. And did you have experience 9 specifically with patients that had Type 1 10 Diabetes?</b></p> <p>11    A. Yes.</p> <p>12    <b>Q. And did you have experience giving 13 Accu-Chek and insulin shots to those patients?</b></p> <p>14    A. Yes.</p> <p>15    <b>Q. And you were talking before about a 16 bulletin board that had -- called a diabetic 17 list, I think, or a list of inmates that have 18 diabetes; how long has that list been up at the 19 nurses station? Has that been there since 2010?</b></p> <p>20    A. It's not a nurses room, it's for 21 medical staff. I don't know if it's been up 22 there since 2010. I can't remember.</p> <p>23    <b>Q. You don't recall when that was first 24 put up there?</b></p>

<p>1 A. No.</p> <p>2 Q. Do you recall when you learned that Mr.</p> <p>3 Lippert was a diabetic?</p> <p>4 A. I mean, we had a diabetic that come up,</p> <p>5 but do I specifically know who Lippert was, no.</p> <p>6 Q. Was there any sort of training,</p> <p>7 informal or formal, where you would learn</p> <p>8 specifically about the inmates and what their</p> <p>9 medical needs were in the different houses?</p> <p>10 A. No.</p> <p>11 Q. So any, correct me if I'm wrong, so any</p> <p>12 understanding that you would have of an inmate's</p> <p>13 medical needs would come from your day-to-day</p> <p>14 treatment and interactions with those</p> <p>15 individuals, is that correct?</p> <p>16 A. Yes.</p> <p>17 MR. ELIASER: And what the medical charts of</p> <p>18 the patient say, is that right?</p> <p>19 A. Oh, yeah.</p> <p>20 BY MS. ARGENTINE:</p> <p>21 Q. On what occasions though would you go</p> <p>22 through their medical charts? Just when they</p> <p>23 needed medical treatment?</p> <p>24 A. When it came up, yes. Pulled the</p>	<p>1 MR. ELIASER: Can we just swap this out with</p> <p>2 what I brought? You can see barely anything on</p> <p>3 the second page. I have the same note, and I</p> <p>4 have a package of records. Can we just make</p> <p>5 this Exhibit 2 instead?</p> <p>6 MS. ARGENTINE: Sure.</p> <p>7 MR. ELIASER: It has the same two progress</p> <p>8 notes that you have in your copy.</p> <p>9 BY MS. ARGENTINE:</p> <p>10 Q. Okay. I'm sorry, Miss Rossiter, you</p> <p>11 were saying this is a note that would be filed</p> <p>12 out in the event of an emergency, or an</p> <p>13 incident, you said?</p> <p>14 A. These are the types of sheets we use to</p> <p>15 document any type of medical that is given to an</p> <p>16 inmate.</p> <p>17 Q. Would it be at a particular -- would</p> <p>18 this only be in the infirmary, or would this be</p> <p>19 used at anytime, anytime any medical treatment</p> <p>20 was given to an inmate?</p> <p>21 A. Anytime medical treatment was given.</p> <p>22 Q. Is there any indication on the first</p> <p>23 two pages of what you have in front of you that</p> <p>24 show where this treatment was given?</p>
<p>70</p> <p>1 inmate's chart, I go through his medical</p> <p>2 history, yes.</p> <p>3 Q. You don't have any recollection of any</p> <p>4 occurrences from May 1st, 2010 -- scratch the</p> <p>5 question.</p> <p>6 Do you have any recollection of being</p> <p>7 at Stateville or working at Stateville on May</p> <p>8 1st, 2010?</p> <p>9 A. No.</p> <p>10 MS. ARGENTINE: Can we take a few minutes?</p> <p>11 MR. ELIASER: Sure.</p> <p>12 (Whereupon, a short break was</p> <p>13 taken.)</p> <p>14 (Whereupon, Deposition Exhibit</p> <p>15 No. 2 was marked for</p> <p>16 identification.)</p> <p>17 BY MS. ARGENTINE:</p> <p>18 Q. Miss Rossiter, you've been handed</p> <p>19 what's been marked as Exhibit 2.</p> <p>20 Can you tell me what this document is?</p> <p>21 A. A note.</p> <p>22 Q. What do you mean by a note?</p> <p>23 A. Like what we call documentation, when</p> <p>24 we document an incident that had happened.</p>	<p>72</p> <p>1 A. Say that again?</p> <p>2 Q. I'm just wondering if there's any</p> <p>3 indication on this note that would show you</p> <p>4 whether this treatment was given in the</p> <p>5 infirmary versus in Mr. Lippert's cell, can you</p> <p>6 tell that from here?</p> <p>7 A. It says he's to be discharged after PM</p> <p>8 insulin.</p> <p>9 Q. So what would that indicate to you?</p> <p>10 A. That he's being discharged from the</p> <p>11 Health Care.</p> <p>12 Q. Okay. And can tell you tell from these</p> <p>13 notes whether this was --</p> <p>14 A. And then it says admitted for 23 OPS.</p> <p>15 Q. What does that mean?</p> <p>16 A. He was admitted to the infirmary.</p> <p>17 Q. And do you know who fills these</p> <p>18 progress notes out? Would it be a doctor or a</p> <p>19 nurse or --</p> <p>20 A. Could be one or the other or both.</p> <p>21 Q. Okay. Can you tell from the first two</p> <p>22 pages of this note who filled this one out?</p> <p>23 A. I don't know who the signature of these</p> <p>24 two are. I don't know who that one is. This</p>

<p>1 one is Breske's.      2 Q. I'm sorry, which one?      3 A. 5-1, 4:30 PM, that's Breske's.      4 Q. And we're looking at 5-1-2010:      5 A. 4:30 PM.      6 Q. How about the bottom one. Do you know      7 who filled that one out?      8 A. No.      9 Q. Do you see any part of these 2 pages      10 that you filled out?      11 A. No.      12 Q. Now, at the top it says Offender      13 Outpatient Progress Notes, STA NRC Center. Is      14 that the same -- would those be the same      15 locations, the Stateville and the NRC, is that      16 the same location for the infirmary?      17 A. It says STA, so it's Stateville and      18 NRC.      19 Q. I'm sorry. All I'm trying to figure      20 out is that one location?      21 A. It's two locations.      22 Q. That's two separate locations?      23 A. Hmm, hmm.      24 Q. Is there a reason they're both typed up   </p>	<p>1 interactions were with you on May 1st, 2010,      2 right?      3 A. Yes.      4 Q. And he testified that when he was being      5 escorted out of the infirmary on May 1st of      6 2010, he had walked by you while you were      7 packaging psychotropic medications into little      8 envelopes in the front of the E.R., right?      9 A. Could you repeat that, I'm sorry.      10 Q. Sure. He testified in his deposition,      11 the Plaintiff, Mr. Lippert, testified in his      12 deposition that he was being escorted out of the      13 infirmary on May 1st, 2010, and he saw you      14 packaging psychotropic medications, right, that      15 was his testimony?      16 A. That's what he states, yes.      17 Q. And you don't remember anything about      18 that, correct?      19 A. No.      20 Q. No, I'm correct?      21 A. Yes.      22 Q. I want to propose a hypothetical to      23 you, okay, let's say you were there at that time      24 packaging psychotropic medications, and Mr.   </p>
<p>74</p> <p>1 here, do you know?      2 A. Probably so they can distribute these      3 sheets to both locations.      4 Q. Okay. So that's always filled in,      5 standard, right there, that wouldn't be filled      6 in the day that the inmate came in, is that      7 accurate?      8 A. No -- yes, that's accurate, yes.      9 Q. And if you look at the first note on      10 it, it says S with a colon and O with a colon.      11 Do you know what those stand for?      12 A. S stands for subjective, what the      13 inmate states. O is objective, what the nurse      14 or doctor sees.      15 Q. Okay. I have nothing further?      16 Can you just state your name for the      17 record and spell your last name?      18 A. Athena Rossiter, R-o-s-s-i-t-e-r.      19 MS. ARGENTINE: Thank you.      20 EXAMINATION.      21 BY MR. ELIASER:      22 Q. Miss Rossiter, you had an opportunity      23 to review the Plaintiff's deposition testimony      24 as it pertained to what he alleges his   </p>	<p>75</p> <p>76</p> <p>1 Lippert walked by you and said to you I didn't      2 receive my afternoon insulin, what would you      3 have done in that situation?      4 A. I would have went to the nurse in the      5 back and asked her if Lippert got his insulin,      6 he's stating he didn't get his insulin before he      7 went to the cell house.      8 Q. Okay. And if the nurse said he's being      9 discharged without it because his blood sugar is      10 normal, and I'll get his insulin during the next      11 shift, would it have been legitimate for you to      12 rely on what that nurse said to you?      13 A. Yes.      14 Q. And why would it have been legitimate      15 for you to rely on that?      16 A. Because she's a nurse, she cares for      17 him in the infirmary. She knows what's going      18 on, I mean, I would have just let her know      19 what's going on, what he stated.      20 Q. Am I correct that page 411 of Exhibit 2      21 indicates that Nurse Breske is the nurse that      22 was caring for him in the infirmary at that      23 time?      24 A. Yes.   </p>

<p>1       Q. And so Nurse Breske would have been the  2       one that you would have spoken to about this  3       issue, right?  4       A. Yes.  5       Q. And is it true that relying on what a  6       treating nurse tells you about the patient's  7       care is well within the standard of care?  8       A. Yes.  9       Q. We also just reviewed these 2 progress  10      notes on page 410 of Exhibit 2. And you said  11      that you don't immediately recognize whose  12      writing or signature this is, right?  13       A. Yes.  14       Q. If I represent to you that it's Doctor  15      Zhang, would you have any reason to disagree  16      with that?  17       A. If that's what you state, I mean, I  18      have no other --  19       Q. Did Doctor Zhang work at Stateville as  20      of May 2010?  21       A. Yeah, I think she did.  22       Q. And as a nurse who works at Stateville,  23      or the NRC in 2010, are you familiar with the  24      writing of certain doctors and nurses as it</p>	<p>1       insulin.  2       Q. Doctor Zhang's plan, according to the  3       12 PM note, was regular insulin, 7 units stat,  4       right?  5       A. That's what it states, yes.  6       Q. Okay. And the second part of the plan  7      was Accu-Chek before next meal, if less than 300  8      may have regular insulin, 5 units, right?  9       A. Yes.  10      Q. And if glucose was greater than 300  11      during the Accu-Chek before the next meal, then  12      instead he would have NPH insulin, 15 units,  13      right?  14       A. Yes.  15       Q. Okay. The third part of the plan is  16      may discharge to cell house tomorrow after AM  17      insulin, right?  18       A. Yes.  19       Q. Doctor Zhang's plan was to admit him  20      for 23 hour observation, is that right?  21       A. Yes.  22       Q. Then Doctor Zhang charts another  23      progress note at approximately 2:50 PM on May  24      1st, 2010, is that right?</p>
<p>78</p> <p>1       pertains to progress notes?  2       A. No.  3       Q. Are you able to make out Doctor Zhang's  4       writing as it pertains to the 12 PM note?  5       A. Some of it, yes.  6       Q. Okay. What were the Plaintiff's  7       subjective complaints at that time?  8       A. I didn't have my insulin this AM.  9       Q. Okay. And according to the objective  10      section of the note, the patient's physical exam  11      was normal, is that correct?  12       A. He was alert and orientated, he  13      ambulated to Health Care. It looks like he  14      ambulated.  15       Q. Is that without?  16       A. It looks like without.  17       Q. Okay.  18       A. And Accu-Chek 450, assessment,  19      hyperglycemia.  20       Q. What does it say under hyperglycemia?  21       A. Non compliance.  22       Q. What do you take that to mean that the  23      assessment is hyperglycemia with non compliance?  24       A. The inmate is not compliant with his</p>	<p>79</p> <p>80</p> <p>1       A. Yes.  2       Q. And the Plaintiff's subjective  3       complaints at that time was that he was fine and  4       that he needs his commissary food, right?  5       A. Yes.  6       Q. What is commissary food?  7       A. Food that they order from the  8       commissary.  9       Q. What is commissary?  10      A. For them it's like a store for shopping  11      for food.  12       Q. And what kind of things can they order?  13       A. They can order soups, Honey Bun, pop,  14      chips, sausage roll, I mean, that's all -- I  15      mean, there's probably tons more that they can  16      order, that's just the basics.  17       Q. And is it true the diabetic inmate has  18      complete control over what he orders from the  19      commissary?  20       A. He can order anything he wants, if he  21      has enough money.  22       Q. So in other words, it's up to the  23      inmate as to what types of food he orders and  24      the sugar contents of that food, is that</p>

<p>1    correct? Food or drink, right?</p> <p>2    A. Yes.</p> <p>3    Q. According to Doctor Zhang's note his</p> <p>4    physical exam was normal at this time as well?</p> <p>5    The 2:50 PM note, right under --</p> <p>6    A. I am fine, I ordered my commissary food</p> <p>7    --</p> <p>8    Q. I need my commissary food, right?</p> <p>9    A. Yes.</p> <p>10   Q. And then the assessment is still non</p> <p>11   compliant, right?</p> <p>12   A. Yes.</p> <p>13   Q. Okay. And Doctor Zhang's orders had</p> <p>14   actually changed from his first note, right, now</p> <p>15   his order says discharge patient after PM</p> <p>16   insulin and meal, right?</p> <p>17   A. Yes, that's what it states, yes.</p> <p>18   Q. Okay. In your experience why would a</p> <p>19   doctor decide to discharge the inmate sooner</p> <p>20   than he planned to do during the first time he</p> <p>21   saw the patient?</p> <p>22   A. Probably the inmate became stable, and</p> <p>23   it states here the inmate states I'm fine, the</p> <p>24   inmate must have been stable, and the doctor</p>	<p>1    That one, yeah. It's marked Lippert 672 at the</p> <p>2    bottom right. We're looking at the order at the</p> <p>3    top. Are you with me?</p> <p>4    A. Hmm, hmm.</p> <p>5    Q. Okay. This is the same nurse who</p> <p>6    authored the 3 PM progress note, right?</p> <p>7    A. It looks like the same signature, yes.</p> <p>8    Q. Okay. And it looks like this was</p> <p>9    Doctor Zhang's original order, as we see it in</p> <p>10   the plan section of the 12 PM note, right?</p> <p>11   Regular insulin, 7 units stat, Accu-Chek before</p> <p>12   next meal if glucose greater than 300 and so on</p> <p>13   and so forth, right?</p> <p>14   A. Yes.</p> <p>15   Q. And we see that other than regular</p> <p>16   insulin, 7 units stat, the remainder of</p> <p>17   the order is crossed out, do you see that?</p> <p>18   A. Yes.</p> <p>19   Q. And the regular insulin 7 unit stat is</p> <p>20   circled with an ok next to it, do you see that?</p> <p>21   A. Yes.</p> <p>22   Q. Okay. What does that indicate to you</p> <p>23   as to what this nurse was doing with Doctor</p> <p>24   Zhang's original order?</p>
<p>82</p> <p>1    said just go ahead and release him, we probably</p> <p>2    -- I'm just assuming, use the bed for somebody</p> <p>3    else.</p> <p>4    Q. Let's turn to the second page of</p> <p>5    Exhibit 2, that's the RN note at 3 PM on May</p> <p>6    1st, 2010, do you see that?</p> <p>7    A. Yes.</p> <p>8    Q. Okay. And you said you didn't</p> <p>9    recognize the signature, but let's talk about</p> <p>10   the note, if you can read it, tell me if I'm</p> <p>11   correct, it says that inmate is to be discharged</p> <p>12   after dinner meal, right?</p> <p>13   A. Yes.</p> <p>14   Q. And inmate educated about his insulin</p> <p>15   order, right?</p> <p>16   A. Yes.</p> <p>17   Q. And in the plan section, this nurse</p> <p>18   notes that the patient's Accu-Chek, or excuse</p> <p>19   me, the patient's blood sugar level was 1.5 at</p> <p>20   the time, right?</p> <p>21   A. Yes.</p> <p>22   Q. Then I want to turn to the third page</p> <p>23   of Exhibit 2, that is the -- that is the order</p> <p>24   from May 1st, 2010, at the top of the page.</p>	<p>84</p> <p>1    A. She gave the regular -- the 7 units of</p> <p>2    regular insulin stat was given, and the rest was</p> <p>3    voided.</p> <p>4    Q. In your experience does a nurse void an</p> <p>5    order on her own accord?</p> <p>6    A. Only by the doctor's order.</p> <p>7    Q. Okay. So the fact that she crossed out</p> <p>8    the rest of this order would tell you that she</p> <p>9    got this direction from Doctor Zhang, is that</p> <p>10   correct?</p> <p>11   A. Yes.</p> <p>12   Q. And is it also true that crossing out</p> <p>13   the second portion of that order would accord</p> <p>14   with the fact that the patient's blood sugar has</p> <p>15   come down to 125?</p> <p>16   A. Possibly, yes.</p> <p>17   Q. Then we see the -- we see the final</p> <p>18   nurse's note on page 411 of Exhibit 2 that was</p> <p>19   authored by Nurse Breske at 4:30 PM, right?</p> <p>20   A. Yes.</p> <p>21   Q. Okay. And Nurse Breske is indicating</p> <p>22   that the patient has a blood sugar of 115,</p> <p>23   right?</p> <p>24   A. Yes, at 4:30.</p>

<p>1 Q. At 4:30 PM?</p> <p>2 A. Yes.</p> <p>3 Q. And that's normal, 115?</p> <p>4 A. Normal is between 70 and 110.</p> <p>5 Q. Okay. But the blood sugar of 115 is 6 nothing to be concerned about, is that correct?</p> <p>7 A. It's good.</p> <p>8 Q. It's good. It's controlled, right?</p> <p>9 A. Yes.</p> <p>10 Q. And Nurse Breske charts that the 11 patient had no complaints voiced at that time, 12 is that right?</p> <p>13 A. Yes.</p> <p>14 Q. Now, the Plaintiff also testified that 15 he had a second encounter with you on May 1st, 16 2010, right?</p> <p>17 A. Yes, that's what he states.</p> <p>18 Q. Right. And in fact, he testified that 19 you were passing out medications, not only on 20 his floor, but also directly to him, and he told 21 you that he felt weak, dizzy and needed his 22 insulin shot, right, that's what he's claiming?</p> <p>23 A. That's what he states.</p> <p>24 Q. Yes. Now, again, I know that you don't</p>	<p>1 house, right?</p> <p>2 A. Yes.</p> <p>3 Q. And that is well within the standard of 4 care to for you to communicate that information 5 to the med tech and rely on the med tech to take 6 the situation from there, right?</p> <p>7 A. Yes. I have a certain timeline that I 8 have medication that I have to pass. Those are 9 the med tech's duties.</p> <p>10 Q. Mr. Lippert also testified that you 11 said to him at that time that you would come 12 back, test his blood sugar and give him his 13 insulin shot. In this hypothetical is that 14 something you would have said to him?</p> <p>15 A. No.</p> <p>16 Q. And why is that?</p> <p>17 A. Because I would have called the med 18 tech. I don't have an Accu-Chek machine on me.</p> <p>19 Q. And isn't it true that you wouldn't 20 have said that because you actually in fact 21 would have communicated that to the med tech and 22 would have gone on to finish your 23 responsibilities of passing out the medication?</p> <p>24 A. Yes.</p>
<p>86</p> <p>1 remember anything from May 1st, 2010, and I want 2 to pose this hypothetical to you one more time. 3 If in fact that did occur, we're not saying it 4 did, but if it did occur, if you're passing out 5 medications on his floor and he told you he felt 6 weak and dizzy and needed his insulin shot, what 7 would you have done in response to that?</p> <p>8 A. I would have gone down and called the 9 med tech and asked the med tech to come up.</p> <p>10 Q. Would you have done that right away, or 11 would you finished passing out the remainder of 12 your medications on that floor, on that level?</p> <p>13 A. I would have done that right away.</p> <p>14 Q. What would you have told the med tech 15 on the phone?</p> <p>16 A. That the inmate states his blood 17 sugar -- he doesn't feel good and if you can 18 bring an Accu-Chek out and do one.</p> <p>19 Q. And it was entirely legitimate for you 20 to rely on the med tech to do that, is that 21 right?</p> <p>22 A. Those were his duties, yes.</p> <p>23 Q. And your duties at the time were to 24 finish passing out the medications in that</p>	<p>88</p> <p>1 Q. Now, we know that ultimately someone 2 did come by to give him his insulin later that 3 night, as Mr. Lippert testified to, right, a 4 Nurse Gary he recalls, do you remember that?</p> <p>5 A. That's what he states.</p> <p>6 Q. And let me show you the MAR, yeah, 7 let's look at Exhibit 1, it's the second page of 8 Exhibit 1, it's Lippert 914, we're looking at 9 one, two, three, four, five rows down at the 10 order for NPH 20 units every morning with 11 regular insulin, seven units every morning for 12 six months. We're looking at that row, right?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And you see where there are 15 initials for GD on the column for May 2nd?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. Do you know whose initials that 18 would have been?</p> <p>19 A. Gary Drop.</p> <p>20 Q. How do you spell Drop?</p> <p>21 A. D-r-o-p.</p> <p>22 Q. Okay. Was Gary Drop a med tech at the 23 time?</p> <p>24 A. He was an LPN.</p>

<p>1       Q. He was an LPN. And LPN's were also  2       responsible at times, depending on the  3       situation, for handing out insulin, is that  4       right?</p> <p>5       A. If they were assigned to that spot for  6       the day.</p> <p>7       Q. Okay. And this would tell us that  8       Nurse Gary Drop was assigned?</p> <p>9       A. Yes, he was assigned that MAR.</p> <p>10      Q. And we see the number 220 above GD, is  11      that right?</p> <p>12      A. Yes.</p> <p>13      Q. And am I correct that that would refer  14      to the patient's blood sugar level at that time?</p> <p>15      A. Yes.</p> <p>16      Q. Now, we see that there's an AM written  17      just to the left of GD. I take it that AM still  18      would have been written there even if the inmate  19      received his insulin very late in the evening on  20      May 1st, 2010, right?</p> <p>21      A. If it was very late, yeah, he probably  22      would have, could have.</p> <p>23      Q. What time was the morning insulin shots  24      distributed at that time, inmates in 2010, what</p>	<p>1       A. Even though 220 is considered above  2       normal, it's not considered high.</p> <p>3       Q. What blood sugar level would you expect  4       to see in an inmate that's complaining of  5       weakness and dizziness, assuming the weakness  6       and dizziness is being caused by the increased  7       blood sugar level?</p> <p>8       A. I'd say anywhere starting maybe 5 to 6.</p> <p>9       Q. What about in the 4's?</p> <p>10      A. It would depend on the patient.</p> <p>11      Q. But it's possible?</p> <p>12      A. Possible, yes.</p> <p>13      Q. And let me ask you about a patient  14      specifically with a blood sugar level of around  15      450, in your experience would you expect that  16      patient to suffer from unconsciousness and  17      urinary incontinence?</p> <p>18      A. Again, it would depend on the patient.  19      If you have a young insulin diabetic compared to  20      a 90 year old insulin dependent, you know, it  21      really depends. The younger you are the less  22      likely you're going to experience those types of  23      signs. Where if in you're 60's, 70's and 80's,  24      you know, a small drop or a small increase for</p>
<p>90</p> <p>1       was the shift or the time frame?</p> <p>2       A. 11 to 7.</p> <p>3       Q. 11 PM to 7 AM?</p> <p>4       A. Yes.</p> <p>5       Q. So if even if an inmate was given his  6       insulin let's say at 11:30 PM, that still would  7       have been considered the AM insulin shot?</p> <p>8       A. Yes.</p> <p>9       Q. Now, you've had experience, you've had  10      a lot of experiences over the years with  11      diabetic inmates and treating those diabetic  12      inmates, right?</p> <p>13      A. Yes.</p> <p>14      Q. And you're familiar with blood sugar  15      levels and signs and symptoms of hyperglycemia,  16      right?</p> <p>17      A. Yes.</p> <p>18      Q. In a patient with a blood sugar level  19      of 220, in your experience, would that patient  20      be complaining of dizziness and weakness?</p> <p>21      A. In my experience?</p> <p>22      Q. Yes?</p> <p>23      A. No.</p> <p>24      Q. And why is that?</p>	<p>92</p> <p>1       them, the elderly, makes a difference for them.  2       But in a younger group --</p> <p>3       Q. Let's talk about a patient such as Mr.  4       Lippert, who I believe was in his mid 30's at  5       the time of this alleged incident. A patient in  6       his mid 30's who's otherwise healthy, would you  7       expect a blood sugar level of 450 to lead to  8       unconsciousness and urinary incontinence?</p> <p>9       A. No.</p> <p>10      Q. What level would you have to see, what  11      blood sugar level would you have to see for  12      unconsciousness and urinary incontinence to  13      become a factor?</p> <p>14      A. That I have experienced in the past?</p> <p>15      Q. Yes?</p> <p>16      A. 600, I mean, I've only seen it happen  17      one time, and it was in the 900's.</p> <p>18      Q. The 900's?</p> <p>19      A. But, I mean, for safety precautions, I  20      would say 5, 6. The only time I've ever seen  21      anyone pass out was in the 900's. And I  22      technically didn't see that, he was brought up  23      to the Health Care Unit. I wasn't involved in  24      that whole incident.</p>

<p>1           Q. That patient with the blood sugar level 2 of 900, that's what you're referring to? 3           A. Yes. 4           Q. Okay. Mr. Lippert also testified he 5 had horrible headaches and muscle cramps for 6 days after May 1st, 2010, right, that's what 7 he's claiming in his deposition? 8           A. That's what he states. 9           Q. Would you expect a patient with a 10 medical course such as the one that he 11 experienced on May 1st, 2010 to have muscle 12 cramps, horrible muscle cramps and horrible 13 headaches for days thereafter? 14           A. No. Once he was given the insulin he 15 shouldn't, he should be fine. 16           Q. Now, the medical records from May 1st, 17 2010 do not reflect any entries or any 18 signatures authored by you, correct? 19           A. Correct. 20           Q. And that would indicate to you that you 21 didn't have any interactions with this patient 22 or any involvement in his care or treatment, 23 right? 24           A. Yes.</p>	<p>1           Q. What did those interactions involve? 2           A. I mean, I've done an insulin line a few 3 times on the night shift. 4           Q. So you've administered -- well, strike 5 that. 6           You've given Lippert his insulin on 7 occasions after May 1st, 2010, is that fair to 8 say? 9           A. Well, after, yes. 10          Q. And in your experience with Mr. 11 Lippert, has he ever refused his insulin when 12 you tried to give it to him? 13           A. Well, as it's been offered to him, yes. 14          Q. By you personally, you personally tried 15 to offer it to him and he declined it, is that 16 right? 17           A. On a few occasions I've come across 18 that, yeah. 19          Q. How many occasions would you say that 20 occurred? 21           A. Well, I mean, maybe in the last year 22 that I've done diabetic in the last two years, a 23 few times. 24          Q. Does Mr. Lippert have a reputation for</p>
<p>94</p> <p>1           Q. Mr. Lippert also testified in his 2 deposition, and I did state this earlier, that 3 at the time of your alleged second interaction 4 with him on May 1st, 2010, you were passing out 5 medication directly to him, right? 6           A. That's what he states. 7           Q. Let's take a look at Exhibit 1, the 8 page is marked Lippert 919. Do you have that? 9 Everyone's with me? 10          This M-A-R reflects that the patient 11 was receiving 100 milligrams every morning of 12 Zoloft in May 2010, right? 13          A. Yes. 14          Q. He was not receiving any psychotropic 15 medications or any medications or any 16 medications, other than insulin in the afternoon 17 or evening as of May 2010, correct? 18          A. Correct. 19          Q. Now, I know you don't recall any 20 interactions with Lippert from May 1st, 2010, 21 but is it correct to say that you do remember 22 other interactions with Mr. Lippert after May 23 1st, 2010? 24          A. That would probably be more recent.</p>	<p>96</p> <p>1           refusing insulin among the other med techs and 2 the nurses? 3           A. I've heard it before, yes. 4           Q. And do you know why he refuses his 5 insulin? 6           A. No. 7           Q. And the refusal of insulin, from your 8 knowledge and experience, is what Doctor Zhang 9 is referring to when he states non compliance on 10 the progress notes, right? 11          A. Yes. 12          Q. Now, we know that Mr. Lippert received 13 his insulin at approximately 11:45 PM on May 14 1st, 2010 as indicated in the MAR on the first 15 page of Exhibit 1, right? 16          A. Yes. 17          Q. And then we also know that as of 4:30 18 PM on May 1st, 2010 he had a blood sugar level 19 of 115, right? 20          A. Yes, that's what's written. 21          Q. And we further know that he received 22 his insulin either late in the evening on May 23 1st, 2010 or very early in the morning on May 24 2nd, 2010, as indicated in the MAR on page 914,</p>

<p>1 right?</p> <p>2 A. Yes.</p> <p>3 Q. In retrospect is all that treatment,</p> <p>4 all that insulin that was administered to Mr.</p> <p>5 Lippert -- well, strike that.</p> <p>6 In retrospect does that medical course</p> <p>7 make sense for a diabetic inmate such as this</p> <p>8 patient?</p> <p>9 A. Yes.</p> <p>10 MR. ELIASER: That's all I have.</p> <p>11 MS. PTASZNIK: No questions.</p> <p>12 MS. ARGENTINE: I have a few questions.</p> <p>13 EXAMINATION</p> <p>14 MS. ARGENTINE:</p> <p>15 Q. Miss Rossiter, if you can take a look</p> <p>16 at Exhibit 1, the second page, which is marked</p> <p>17 Lippert 914. We were talking about Gary Drop</p> <p>18 and Mr. Eliaser was indicating he was</p> <p>19 administered an insulin shot in the AM, is that</p> <p>20 correct?</p> <p>21 A. Yes.</p> <p>22 Q. There's no where on here as to what</p> <p>23 time he was administered an insulin shot, is</p> <p>24 that correct?</p>	<p>1 A. No, we don't give insulin in the AM.</p> <p>2 Q. What do you mean by that --</p> <p>3 A. We don't give insulin 7 to 3, insulin</p> <p>4 is given 11 to 7, 3 to 11.</p> <p>5 Q. 3 to 11 and 11 to 7. Okay. So there</p> <p>6 would be -- even if he was working the 11 to 3</p> <p>7 -- I'm sorry, the 7 to 3, typically there's no</p> <p>8 insulin administered?</p> <p>9 A. Unless he came to the Health Care Unit,</p> <p>10 yes.</p> <p>11 Q. Is there any indication on this M-A-R</p> <p>12 as to where this insulin was provided?</p> <p>13 A. Where?</p> <p>14 Q. Yes.</p> <p>15 A. You mean on the inmate?</p> <p>16 Q. I mean the location, was it in the</p> <p>17 cell, did he come to the Health Care Unit, can</p> <p>18 you tell that from this chart?</p> <p>19 A. No.</p> <p>20 MR. ELIASER: From this record or from the</p> <p>21 medical chart as a whole?</p> <p>22 MS. ARGENTINE: I'm talking about this</p> <p>23 record.</p> <p>24 MR. ELIASER: She's just asking if this</p>
<p>98</p> <p>1 A. No -- I mean, yes.</p> <p>2 Q. It does say that?</p> <p>3 A. Can you repeat the question.</p> <p>4 Q. Sure. I'm just asking, all I see is</p> <p>5 the AM next to Gary Drop's initials, is there</p> <p>6 anywhere on here that would indicate to you what</p> <p>7 time that insulin shot was actually</p> <p>8 administered?</p> <p>9 MR. ELIASER: She's just asking you if --</p> <p>10 A. No, there's no time.</p> <p>11 BY MS. ARGENTINE:</p> <p>12 Q. Do you recall whether or not Mr. Drop</p> <p>13 worked the 11 to 7 shift in May of 2010?</p> <p>14 A. No.</p> <p>15 Q. So he could have been working -- what's</p> <p>16 the next shift after that?</p> <p>17 A. 7 to 3.</p> <p>18 Q. 7 to 3. He could have been working the</p> <p>19 7 to 3 shift, is that correct?</p> <p>20 A. Yes.</p> <p>21 Q. And if he was working the 7 to 3 shift,</p> <p>22 it's possible that he still could have</p> <p>23 administered the insulin shot in the AM,</p> <p>24 correct?</p>	<p>100</p> <p>1 document, just this one document tells you where</p> <p>2 he received his insulin?</p> <p>3 A. No, it doesn't.</p> <p>4 BY MS. ARGENTINE:</p> <p>5 Q. The insulin that Mr. Drop gave Mr.</p> <p>6 Lippert that day is that the regular insulin</p> <p>7 shot, like a standard dosage of insulin, do you</p> <p>8 know?</p> <p>9 A. That's what the doctor had ordered.</p> <p>10 Q. And you can tell that by the fact that</p> <p>11 it says regular insulin? I'm just wondering,</p> <p>12 you know, the day before there was a separate</p> <p>13 notation for insulin that had the word stat or</p> <p>14 now next to it, that's seem to be different from</p> <p>15 this dosage?</p> <p>16 A. Yes.</p> <p>17 Q. Do you know whether or not this dosage</p> <p>18 is what Mr. Lippert would receive on a daily</p> <p>19 basis as opposed to something that was ordered</p> <p>20 in the event of an emergency?</p> <p>21 A. This is what he would receive on a</p> <p>22 daily basis, other than emergency purposes.</p> <p>23 Q. Okay. Now, in your experience with a</p> <p>24 diabetic patients that are receiving insulin</p>

<p>1 twice a day; even if their blood sugar level is      2 normal would they still receive insulin twice a      3 day?      4 A. Yes.      5 Q. Why is that?      6 A. Because even though their blood sugar      7 is normal, they're eating and they have to, you      8 know, compensate for what they eat.      9 Q. So if someone checked Mr. Lippert's      10 blood sugar level and it was normal, there would      11 be no medical reason to not give him his second      12 insulin shot for the day, is that correct?      13 MR. ELIASER: Objection to the form of the      14 question.      15 BY MS. ARGENTINE:      16 Q. Does that question make sense?      17 A. State it again?      18 Q. Sure. Even if someone had checked Mr.      19 Lippert's insulin level, or blood sugar level,      20 and it was normal, but he had not had his second      21 insulin shot for the day, would there be a      22 reason not to give him that second insulin shot      23 for the day?      24 MR. ELIASER: Same objection.</p>	<p>1 A. It's kind of vague.      2 MR. ELIASER: Yeah, she's asking general      3 questions, if you can't answer them as phrased,      4 just say it. If you can answer them as phrased,      5 then go ahead and answer.      6 A. Could you repeat the question again.      7 BY MS. ARGENTINE:      8 Q. I'll try to be more specific. If Mr.      9 Lippert in this case, we're looking at his      10 medical records, says that he experienced a      11 blood sugar level of 450 earlier in the day,      12 received an insulin shot, and then later he was      13 complaining of having dizziness and headaches --      14 strike that.      15 What did you say the normal range of      16 blood sugar level was for a patient like Mr.      17 Lippert?      18 A. 7 to 110. I mean, 70 to 110.      19 Q. So if Mr. Lippert experienced blood      20 sugar levels earlier in the day of 450, received      21 his insulin shot and had levels of 220 later in      22 the day, could that multiple high levels affect      23 symptoms he was experiencing as far as      24 dizziness, or vomiting, or incontinence?</p>
<p>1 A. I mean, if there's a order called for,      2 it depends on the order.      3 BY MS. ARGENTINE:      4 Q. It depends on the prescription that Mr.      5 Lippert gets every day or specific doctor's      6 order?      7 A. Specific doctor's order.      8 Q. If a diabetic patient was experiencing,      9 high levels or low levels of blood sugar      10 multiple times in a day, could that affect that      11 inmate's symptoms with respect to what you were      12 talking about with Mr. Eliaser, about dizziness,      13 headaches, incontinence?      14 A. Can you repeat that again?      15 Q. Sure. If a diabetic experienced high      16 levels of blood sugar level, or low levels of      17 blood sugar level multiple times in one day,      18 could that affect the symptoms that they could      19 experience as far as dizziness, headaches and      20 incontinence?      21 MR. ELIASER: Object to the form of the      22 question. It depends on his age. It's vague.      23 BY MS. ARGENTINE:      24 Q. Do you understand the question?</p>	<p>1 A. I mean, you're talking about      2 unconsciousness at 450. He would experience      3 some minor, you know, experience maybe some      4 nausea or shakiness, you know, stomach cramps.      5 But every patient is different.      6 Q. Sure. And the risk of those symptoms      7 could be increased by the fact that he had a      8 high blood sugar level multiple times in one day      9 as opposed to once a day?      10 A. Hmm, hmm. Yes.      11 Q. If you look at Exhibit 1, if you go to      12 the 919, it's the page with the Zoloft      13 medication listed. How can you tell that he      14 wasn't receiving any psychotropic drugs based on      15 this M-A-R?      16 MR. ELIASER: In the PM you mean? Or --      17 because it does -- that is a psychotropic      18 medication.      19 MS. ARGENTINE: Right.      20 BY MS. ARGENTINE:      21 Q. I'm sorry. Any other ones? Would all      22 the psychotropic drugs be listed on this M-A-R?      23 A. Yes.      24 Q. What other types of drugs -- would any</p>

<p>1 other types of medications be listed on this  2 M-A-R, or is this one specific to psychotropic  3 drugs for Mr. Lippert?  4 A. It looks like this one -- I mean, it's  5 specific to psychotropic drugs already.  6 Q. And then we have another one that was  7 specific to his insulin?  8 A. Yes.  9 Q. If he was receiving any other  10 medication would there be additional MAR's  11 specific to Mr. Lippert's medication?  12 A. Yes, that would be his maintenance  13 meds.  14 MR. ELIASER: Are referring to Lippert 920?  15 A. Yes.  16 BY MS. ARGENTINE:  17 Q. Now, you said that the fact that your  18 signature is not on any of the medical records  19 for Mr. Lippert's treatment on May 1st, 2010, it  20 would indicate you weren't involved in any  21 interactions with Mr. Lippert, is that correct?  22 A. Yes.  23 Q. Would you have documented some where in  24 his medical records in Mr. Eliaser's --</p>	<p>1 Q. But in this exact situation we know  2 that he received insulin at 11:45 PM on May 1st,  3 2010, right, according to the M-A-R, the MAR on  4 9-13?  5 A. That was a stat?  6 Q. Right?  7 A. 7 units given in the AM.  8 Q. Okay. That was given at 11:45 PM,  9 right?  10 A. Could be PM.  11 Q. Well, we know that Doctor Zhang ordered  12 that insulin stat at about 12 PM?  13 A. Right. Oh, 12 PM, right.  14 Q. Okay.  15 MS. ARGENTINE: So that would be 11:45 AM,  16 right?  17 MR. ELIASER: Yes. I don't know what I said.  18 BY MR. ELIASER:  19 Q. Okay. We know that the patient  20 received insulin on May 1st, 2010, around 11:45  21 AM or 12 PM, right?  22 A. Hmm, hmm.  23 Q. Yes?  24 A. Yes.</p>
<p>106</p> <p>1 MR. ELIASER: Eliaser.  2 BY MS. ARGENTINE:  3 Q. Let me start over. I kind of got  4 distracted there. Would you have documented  5 anywhere in the medical records or anywhere else  6 a phone call that you made to a med tech to  7 indicate that a patient needs medical treatment?  8 A. No.  9 Q. Would you indicate in the medical  10 records or anywhere else a conversation that you  11 had with an inmate regarding treatment that  12 other nurses or doctors had given him on a  13 particular day?  14 A. No.  15 MS. ARGENTINE: Nothing further.  16 MR. ELIASER: I just have one follow up  17 question.  18 EXAMINATION  19 By MR. ELIASER:  20 Q. Plaintiff's Counsel asked you a little  21 earlier if a patient receives insulin twice a  22 day regardless of blood sugar level, and you  23 said, yes, right?  24 A. Yes.</p>	<p>108</p> <p>1 Q. And we also know that approximately  2 four and a half hours later, according to the  3 progress notes, his blood sugar level was 115,  4 right?  5 A. Yes.  6 Q. So isn't it true that it would be too  7 soon to give him another round of insulin with a  8 blood sugar level of 115?  9 A. Well, the doctor's orders say not to  10 give him insulin if it's below 300.  11 Q. Doctor Zhang's first order says if less  12 than 300 may have regular insulin, 5 units?  13 A. Oh, okay.  14 Q. But then we know, we talked about this  15 earlier, that portion of the order was crossed  16 out by the nurse on or around 2 PM of May 1st,  17 2010, right?  18 A. Yes.  19 Q. And like we talked about earlier, we  20 know that Doctor Zhang changed his order and  21 that the only insulin to be given in the  22 infirmary that day was regular insulin, 7 units  23 stat, right?  24 A. Yes.</p>



<p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS</p> <p>3 ASSIGNMENT NO: 1886906 4 CASE NAME: Lippert, Donald v. Godinez, Salvador 5 DATE OF DEPOSITION: 6/27/2014 6 WITNESS' NAME: Athena Rossiter 7 In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me. 8 I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s). 9 I request that these changes be entered as part of the record of my testimony.</p> <p>10 I have executed the Errata Sheet, as well 11 as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.</p> <p>12 _____ 13 Date Athena Rossiter</p> <p>14 Sworn to and subscribed before me, a 15 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: 16 They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and Their execution of this Statement is of their free act and deed. I have affixed my name and official seal this _____ day of _____, 20_____. 17 _____ 18 Notary Public</p> <p>19 _____ 20 Commission Expiration Date</p>	<p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 1886906 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____</p> <p>20 Date Athena Rossiter 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS 22 DAY OF _____, 20_____. 23 _____ 24 Notary Public</p> <p>25 Commission Expiration Date</p>
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1                   ERRATA SHEET

2                   VERITEXT LEGAL SOLUTIONS MIDWEST

3                   ASSIGNMENT NO: 1886906

4                   PAGE/LINE(S) /           CHANGE           /REASON  
5                   P.83/Line 19 / 1.5 should be 125 / transcribed incorrectly  
6                   P.95/Line 15-16 / "or any medications," should be removed / Same clause  
7                   P.97/Line 13 / PM should be AM / transcribed incorrectly           transcribed 2x

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Athena Rossiter

20                   Date

Athena Rossiter

21                   SUBSCRIBED AND SWEORN BEFORE ME THIS

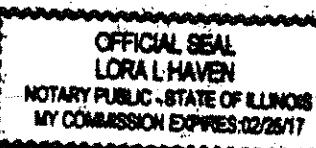
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22                   DAY OF

August 25, 2014

23                   Notary Public

24                   Feb. 25, 2017





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1 page. I'm obviously going to be asking you  
 2 questions today regarding the case Lippert Vs.  
 3 Godinez, et-al, in which you've been named as a  
 4 Defendant. And so most of the questions I'm  
 5 going to be asking you here today will be  
 6 general, but then also relevant to this case.  
 7 So if I ask a question and you don't understand,  
 8 please ask me to rephrase it, that's my fault  
 9 not your's, and I will be happy to rephrase it  
 10 in some way that hopefully you can answer.

If you do answer, I'm going to assume  
 11 you understood the question I asked. Is that  
 12 fair?

A. Yes.

Q. The court reporter is here taking down  
 16 what I'm saying and what you're saying. It's  
 17 helpful, even though you can likely anticipate  
 18 what I'm going to say, that you wait until I  
 19 finish asking my question before you answer.

Finally, a lot of times it's human  
 21 nature that we say hmm, hmm, uh-huhs, shake our  
 22 head, shrug our shoulders, the court reporter  
 23 can't pick that up. So please make sure that  
 24 all your answers are out loud. Is that fair?

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1 incident, are you talking about the grievance  
 2 report from May, 2010.

A. Yes.

Q. And did you review the complaint?

A. Yes.

Q. Did you review your Answers to  
 7 Interrogatories?

A. Yes.

Q. Anything else?

A. No.

Q. Okay. Have you ever been convicted of  
 12 a crime involving fraud or dishonesty?

A. No.

Q. And are you taking any medications that  
 15 may affect your testimony here today?

A. No.

Q. Okay. Let's talk about your  
 18 educational background. When did you graduate  
 19 high school?

A. 1987.

Q. And did you have any subsequent  
 22 education after that, college, associates  
 23 degree?

A. No.

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A. Yes.

Q. Okay. Have you ever been a party to a  
 3 lawsuit before?

A. No, I have not.

Q. When did you find out that you were a  
 6 party to this lawsuit?

A. Back in May of 2014.

Q. And how did you come to learn that you  
 9 were a party to this lawsuit?

A. I received a phone call from Miss Laura  
 11 Haven, which I was connected to Kevin.

MR. ELIASER: Say hello, Kevin.

BY MS. MARSH:

Q. Okay. And did you receive a copy of  
 15 the complaint?

A. Yes, I did.

Q. And did you review anything in  
 18 preparation for your deposition today?

A. Yes.

Q. And what was that?

A. The incident that took place back to  
 21 what is in question regarding Mr. Lippert, and  
 22 pretty much what the case involves.

Q. So when you say you reviewed the

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Q. And when did you start becoming a  
 2 correctional officer?

A. January 8th, 1996.

Q. And so what did you do in between 1987  
 5 and 1996?

A. I worked for Economy Currency Exchange.  
 7 I was there for a few years.

Q. And anything else? That didn't take up  
 9 the entire span in between '87 and --

A. Before that I worked for Chernin Shoes,  
 11 which is no longer in existence.

Q. So you did nothing in the law  
 13 enforcement field prior to becoming a  
 14 correctional officer --

A. No.

Q. Just let me finish. Nothing in the law  
 17 enforcement field before being a correctional  
 18 officer, correct?

A. Correct.

Q. And to become a correctional officer  
 21 did you take any classes ahead of time, was that  
 22 a requirement?

A. It's a requirement from IDOC for us to  
 24 go to training in Springfield.

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1 Q. And how long is that training?  
 2 A. 8 weeks.  
 3 Q. Is there an exam afterwards?  
 4 A. Yes, there is.  
 5 Q. And is it a written exam?  
 6 A. Yes.  
 7 Q. And is it one day, two days?  
 8 A. Pretty much divided over the 8 week  
 9 period. So it's classes.  
 10 Q. Okay. But there's not one final exam  
 11 at the conclusion of 8 weeks?  
 12 A. No.  
 13 Q. And so after you became a correctional  
 14 officer that would have been at the end of 1995?  
 15 A. I'm sorry. Can you repeat that?  
 16 Q. Was it at the end of 1995 that you  
 17 finished your training?  
 18 A. 1996. January 8th, 1996, so that was 8  
 19 weeks. During that time when we were hired they  
 20 send us out to the academy.  
 21 Q. Okay. So you were hired January 8th,  
 22 1996?  
 23 A. 1996, that's correct.  
 24 Q. And 8 weeks thereafter is the

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1 outside of the wall.  
 2 Q. But no inmates?  
 3 A. No.  
 4 Q. How long were you in F House?  
 5 A. About four years, four years.  
 6 Q. Can you give me the time span of when  
 7 to when?  
 8 A. I don't remember.  
 9 Q. But in 2010 you were in F House?  
 10 A. Yes, I was.  
 11 Q. What are your job responsibilities as a  
 12 correctional officer?  
 13 A. Custody, secure and control of inmates.  
 14 Q. Anything else?  
 15 A. No.  
 16 Q. How many inmates total are there in the  
 17 F House?  
 18 MR. LOVELLETTE: You mean now or back in  
 19 2010?  
 20 BY MS. MARCH:  
 21 Q. In 2010 when you were stationed there?  
 22 A. I don't remember.  
 23 Q. More than a hundred?  
 24 A. Yes.

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1 training --  
 2 A. The training.  
 3 Q. I understand. And what was your first  
 4 position as a correctional officer? Was it at  
 5 Stateville?  
 6 A. Yes, it was.  
 7 Q. And have you been at Stateville since  
 8 1996?  
 9 A. Yes.  
 10 Q. Have you held the same position since  
 11 1996?  
 12 A. Yes.  
 13 Q. Have you always been in the F House  
 14 since 1996?  
 15 A. No, I have not.  
 16 Q. Can you tell me other places that  
 17 you've been stationed?  
 18 A. I've been stationed in H House, the  
 19 Catwalk, F House, detailed, and I am currently  
 20 in Tower 5.  
 21 Q. What is the difference between Tower 5  
 22 and F House?  
 23 A. Tower 5 is a wall tower where our  
 24 duties are only to watch the inside and the

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1 Q. More than two hundred?  
 2 A. Yes.  
 3 Q. Less than five hundred?  
 4 A. Yes.  
 5 Q. And as I understand it it's a circular  
 6 building, is that correct?  
 7 A. Correct.  
 8 Q. And there's four levels?  
 9 A. Yes.  
 10 Q. Is the inside of the circle open then  
 11 so that you can see down from the top floor to  
 12 the bottom floor?  
 13 A. Yes.  
 14 Q. And where would you be stationed when  
 15 you were in the F House? Do you always have the  
 16 same assignment?  
 17 A. No.  
 18 Q. How is that assigned?  
 19 A. The sergeant would assign it on a daily  
 20 basis.  
 21 Q. So how many correctional officers are  
 22 on a given shift in the F House in 2010?  
 23 A. About ten officers.  
 24 Q. And are there certain stations on each

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1 floor as to where you are supposed to be  
2 standing, or do you have a desk, how do you know  
3 where to be?  
4 A. Walk around the gallery. We're active,  
5 so we don't have a station where we just  
6 maintain throughout the whole shift.  
7 Q. Do you receive a salary or are you --  
8 A. Salary.  
9 Q. And what is that based on, forty hours  
10 a week?  
11 A. Yes.  
12 Q. Have you always been salaried?  
13 A. Yes.  
14 Q. So when you come into the facility is  
15 there an area for correctional officers that you  
16 keep your personal belongings, where you check  
17 in? Does that happen or do you just go straight  
18 to F House?  
19 A. We attend roll call, every shift has a  
20 roll call.  
21 Q. And where does that take place?  
22 A. Down in the entry level, by the  
23 canteen.  
24 Q. So not in F House?

Page 15

1 Q. So what time would you normally get to  
2 the facility to be ready for role call?  
3 A. 6:45 A.M.  
4 Q. Would role call start promptly at 7  
5 A.M.?  
6 A. 6:45.  
7 Q. Okay. And who would take role call?  
8 A. The shift commander.  
9 Q. And was it always the same shift  
10 commander?  
11 A. No, it is not.  
12 Q. How is that decided, if you know?  
13 A. I have no idea.  
14 Q. Is the shift commander also a  
15 correctional officer?  
16 A. No.  
17 Q. Is it a sergeant?  
18 A. A major.  
19 Q. And is it alphabetical, how do they  
20 take role call?  
21 A. Per their roster, they go according to  
22 roster.  
23 Q. So how do you know what shift you are  
24 supposed to be working?

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1 A. No, it's not in F House.  
2 Q. And is it all the correctional officers  
3 for the entire shift, for the entire facility?  
4 A. Yes.  
5 Q. And how do you know -- I'm sorry. Let  
6 me back up. As I understand it, there are three  
7 shifts, is that correct?  
8 A. Yes.  
9 Q. 7 to 3, 3 to 11 and 11 to 3 --  
10 A. 11 to 7.  
11 Q. 11 to 7, sorry.  
12 MR. ELIASER: You're a lawyer, you don't know  
13 math.  
14 MS. MARSH: That's true.  
15 BY MS. MARSH:  
16 Q. Did you work the same shift in 2010?  
17 A. Yes.  
18 Q. Consistently?  
19 A. Yes.  
20 Q. And what shift was that?  
21 A. 7 to 3.  
22 Q. And that's 7 A.M. to 3 P.M., is that  
23 correct?  
24 A. Yes.

Page 16

1 A. That is given to us when we are hired  
2 and we're -- that comes from personnel.  
3 Q. So you know that you would be working  
4 the 7 A.M. to 3 P.M. shift Monday through  
5 Friday, is that normally what you did?  
6 A. I worked Tuesday through Saturday.  
7 Q. And that was told to you by personnel?  
8 A. That was given to us in the slip.  
9 Q. What if you wanted to change shifts?  
10 A. We would have to put in a bump, a  
11 b-u-m-p, bump.  
12 Q. And who would you submit that to?  
13 A. Personnel.  
14 Q. And is personnel located here at --  
15 A. Yes.  
16 Q. Did you have a person that you directly  
17 reported to that you considered your boss?  
18 A. In 2010 that would have been either  
19 Major Matrisiano, who is now retired.  
20 Q. I'm sorry, could you just spell the  
21 last name.  
22 A. Matrisiano, M-a-t-r-i-s-i-a-n-o.  
23 Q. Thank you. Who's no longer here?  
24 A. He's retired now.

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1 Q. And so would it vary by shift, or was  
 2 he consistently the person that you would report  
 3 to?

4 A. Between him and Major Niles, D. Niles,  
 5 who is also retired now.

6 Q. And again, would that vary by shift or  
 7 it didn't matter?

8 A. It didn't matter. Whoever was holding  
 9 shift that day, that's who you would report to.

10 Q. So when you were in the F House, can  
 11 you explain to me, from the time of the role  
 12 call until the end of your shift, typically what  
 13 a normal day would be like for you?

14 A. A normal day for me would start at 7:00  
 15 o'clock when we report to our Unit. We are  
 16 assigned our assignments per our sergeant for  
 17 that day. We go up to the gallery along with  
 18 another officer and count, turn in our counts,  
 19 and assume the rest of the duties that were for  
 20 that day.

21 Q. When you say counts, do you mean count  
 22 the inmates?

23 A. Yes.

24 Q. And when you say you go through the

Page 19

1 A. No.

2 Q. If you needed to know anything in  
 3 advance of your particular shift, who would that  
 4 come from?

5 A. The sergeant.

6 Q. Let's talk about May 1, 2010. Do you  
 7 have an independent recollection of that date?

8 A. Somewhat.

9 Q. Can you just tell me what you recall,  
 10 without having to go through the pieces of paper  
 11 that we will look through, but if you can tell  
 12 me what you recall?

13 A. At 7:00 o'clock I went on the gallery  
 14 to conduct my count for that day. And I  
 15 approached the cell that was occupied by  
 16 Lippert. I can't remember the cell number.  
 17 Lippert stated that he had not received his  
 18 medication. He stated that the 3 to 11 med tech  
 19 and the 11 to 7 med tech had not given him his  
 20 medication, so that he needed his medication at  
 21 that time. I in turn went downstairs from the  
 22 third gallery down to the sergeant's office and  
 23 I relayed the information to my Unit Sergeant,  
 24 which was Sergeant Palmer.

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1 gallery with another officer, is that the  
 2 officer from the previous shift?

3 A. It's also a 7 to 3 officer.

4 Q. Okay. So is there two CO's per floor?

5 A. It's one per floor, but to count it's  
 6 two. There's two to count and to feed.

7 Q. And when you were finished with your  
 8 count did you write that down or give that to  
 9 the sergeant?

10 A. Yes, we did.

11 Q. Which would you do?

12 A. Write it down and turn it into our  
 13 sergeant, who in return would turn it to the  
 14 major, who keeps the daily counts for the whole  
 15 institution.

16 Q. When you would come onto your shift  
 17 would you have an exchange with the previous  
 18 shift to understand what had gone on the night  
 19 before, if there was anything that you needed to  
 20 know, an inmate had been removed from the cell  
 21 because of, you know, any sort of reason, health  
 22 reason, or you needed to know something that had  
 23 happened the previous shift, would you have a  
 24 discussion about that?

Page 20

1 Q. And what would you have said?

2 A. I told him that Lippert in cell, that I  
 3 can't remember, needed his medication. Sergeant  
 4 Palmer picked up the phone, called the Health  
 5 Care Unit and advised whoever the attending  
 6 Health Care Unit nurse or whoever was there that  
 7 Lippert needed his medication.

8 Q. And then what?

9 A. And I was in with my daily activities  
 10 that I needed to do with my gallery, and that  
 11 was the end of it. I didn't go back up there  
 12 for anymore about Lippert.

13 Q. You did or you did not?

14 A. I did, but for other things. That was  
 15 the only time that I dealt with Lippert and the  
 16 medication issue.

17 Q. So you reported back to the third floor  
 18 then?

19 A. Yes, I did.

20 Q. Just for clarity sake, when you say  
 21 gallery, and I say floor, we're talking about  
 22 the same thing?

23 A. Yes.

24 Q. Do you recall who else was assigned to

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1 the F House that day?

2 A. No, I do not.

3 Q. Would you typically work with the same  
4 officers on your 7 to 3 shift?

5 A. Yes, we did. But there was some times  
6 when other people were not there, other officers  
7 weren't there, we would get floaters, which were  
8 other assigned officers.

9 Q. When you said that Lippert said he  
10 needed his medication, did you know what  
11 medication that was?

12 A. No.

13 Q. He didn't tell you what type of  
14 medication he needed?

15 A. No.

16 Q. In 2010 had you already been working in  
17 the F House for a period of time? You said you  
18 were in the F House for four years, I'm just  
19 trying to gauge how long you had been in the F  
20 House in 2010, do you know?

21 A. I was there before that, yes, before  
22 2010, I don't remember exactly.

23 Q. At least a year?

24 A. Yes.

Page 23

1 A. Yes.

2 Q. Could you briefly explain to me how you  
3 understand how it works?

4 A. When there is a complaint by an inmate,  
5 an inmate reports it to his counselor, the  
6 counselor in turn interviews the officer or  
7 whomever is in question. And I guess they call  
8 it a grievance form.

9 COURT REPORTER: I'm sorry?

10 A. It's called a grievance form.

11 COURT REPORTER: Is there anyway we can turn  
12 the air conditioner off, it's really difficult  
13 to hear?

14 MR. ELIASER: Yeah, let me check.

15 (Whereupon, a discussion was had  
16 off the record.)

17 MS. MARSH: Back on the record. Are we good?  
18 BY MS. MARSH:

19 Q. So you mentioned the counselor, is  
20 there a counselor per house?

21 A. Yes.

22 Q. Okay. And is it typically the same  
23 counselor?

24 A. No.

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1 Q. So you were familiar with the inmates,  
2 correct?

3 A. Yes.

4 Q. Do you normally identify inmates by  
5 their names, by their cell number, by their  
6 prisoner number?

7 A. By name.

8 Q. What time were you made aware of the  
9 grievance that Mr. Lippert filed with the IDOC?

10 A. I was not aware until I received the  
11 call from Laura Haven, which was in May of 2014.

12 Q. So you never saw a grievance form?

13 A. No, I did not.

14 Q. You were never interviewed with respect  
15 to the grievance form?

16 A. No, I was not.

17 Q. Have you ever had a grievance filed  
18 against you before, from any inmate?

19 A. Not that I know of.

20 Q. How does the grievance process work?  
21 Is that something that you are oriented to in  
22 your training?

23 A. Yes.

24 Q. And do you know how it works?

Page 24

1 Q. And is that counselor assigned to all  
2 the inmates in that house?

3 A. Yes.

4 Q. Is there a counselor at every shift?

5 A. That I really have no idea. I don't  
6 know how 3 to 11 and 11 to 7 work.

7 Q. Okay. For your shift --

8 A. For 7 to 3, yes.

9 Q. Okay. Let me just get this question  
10 out.

11 Typically for your shift when you were  
12 working 7 A.M. to 3 P.M. you would see that  
13 there was a counselor on shift?

14 A. Yes.

15 Q. Okay. So does Counselor Whittington  
16 sound familiar to you?

17 A. Yes.

18 Q. Do you know his first name?

19 A. No.

20 Q. So you said the first time you knew  
21 about the grievance form is in May of 2014 when  
22 Laura Haven told you about the lawsuit, is that  
23 correct?

24 A. Correct.

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1 Q. And were you shown the grievance form?  
2 A. Yes.  
3 Q. By Laura Haven?  
4 A. Yes.  
5 Q. Okay. So you said typically a  
6 counselor will interview the officer or whoever  
7 is in question in the grievance form, do you  
8 know why you weren't interviewed?  
9 A. No.  
10 Q. Were you ever given a time where you  
11 were able to respond to the comments that were  
12 made in the grievance form?  
13 A. Yes.  
14 Q. And when was that?  
15 A. Regarding this incident with me?  
16 Q. Regarding the May 2010 incident?  
17 A. Repeat it, I'm sorry, I'm not  
18 understanding what you're trying to say.  
19 Q. Okay. So May, 2014 you were made aware  
20 of the May 12, 2010 grievance form filed by Don  
21 Lippert?  
22 A. Yes.  
23 Q. Okay. Were you given an opportunity  
24 subsequent to May, 2014 to address the comments

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1 we need to call the med tech.  
2 Q. When you say call, is that on an actual  
3 telephone or is it a radio?  
4 A. Radio.  
5 Q. And where is the Health Care Unit in  
6 relation to the F House?  
7 A. Towards the front of the prison.  
8 Q. So could you walk there?  
9 A. Yes.  
10 Q. And when you called the med tech --  
11 well, first of all, let's back up. How do you  
12 know -- how do you discern what a medical  
13 emergency is with an inmate?  
14 A. Depending what the request of the  
15 inmate is, if it's for medication, we'll call,  
16 if it's where there's blood or if he's been  
17 stabbed, or whatever the situation is, that's  
18 where we know where to take it from, depending  
19 what the emergency is.  
20 Q. Do you have any medical training  
21 yourself?  
22 A. No, I do not.  
23 Q. So are you told ahead of time when you  
24 start your shift if there are -- strike that.

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1 that were in the grievance form?  
2 A. No.  
3 Q. Were -- do you recall working with a CO  
4 Norman that day?  
5 A. Yes.  
6 Q. Did you read Officer Norman's  
7 deposition?  
8 A. No, I did not.  
9 Q. When you were in the F House and you  
10 came to know a lot of the inmates, I'm sure,  
11 having been there for four years, is that  
12 correct?  
13 A. They come and go, it's not the same  
14 inmate throughout the whole four years.  
15 Q. I'm sure that's true. But for the most  
16 part of the general statement, would you say  
17 that you got to know the inmates?  
18 A. Yes.  
19 Q. And when you were going through your  
20 training at the 8 week training you were talking  
21 about down in Springfield, were you given any  
22 training on medical emergencies with inmates?  
23 A. We were trained that whatever the  
24 situation is, depending what the situation is,

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1 Is there a certain time that  
2 medications are dispensed to the inmates?  
3 A. No.  
4 Q. So if an inmate has, for example, a  
5 heart condition and needs to take a certain  
6 pill, they can take it at any time, there's not  
7 a prescribed time?  
8 A. I would not know because I do not  
9 distribute the medication, so that would be the  
10 nurses that come around and distribute that. I  
11 would have no idea.  
12 Q. Okay.  
13 A. It comes from the Health Care Unit not  
14 from officers.  
15 Q. Okay. I understand. So do nurses or  
16 personnel from the Health Care Unit come during  
17 each shift?  
18 A. Yes.  
19 Q. And how does that work, the medical --  
20 when they come in do you assist and walk around  
21 with them when they need to dispense  
22 medications? Do they do it on their own, how  
23 does that work?  
24 A. In F House we did need to escort the

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1 nurses around for medication.

2 Q. When you say need, does it differ by  
3 house?

4 A. Yes, it does.

5 Q. And why in the F House did you need to  
6 escort?

7 A. Because F House is also -- it also  
8 houses segregation inmates.

9 Q. What does that mean?

10 A. Segregation inmates, it's a different  
11 procedure for that. You have to open a  
12 chuckhole in order for the inmate to have access  
13 to the medication.

14 Q. And is there always one CO there for  
15 that or is there two?

16 A. One.

17 Q. And how do you know which inmate -- is  
18 there a certain way that you know it's the  
19 Segregation Unit, that it has a certain protocol  
20 or is it by inmate?

21 A. By gallery.

22 Q. And what gallery is the Segregation  
23 Unit?

24 A. One Gallery and Two Gallery in F House.

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1 Care Unit, what kind of information do you relay  
2 to them?

3 A. Nature of the call, inmate name, inmate  
4 number, inmate location.

5 Q. And then when you say nature of the  
6 call, what could that entail? I'm assuming it  
7 varies?

8 A. The necessity of the inmate, what he  
9 would need a med tech for, whatever the nurse is  
10 needed for.

11 Q. So if you're saying that they need  
12 medication and you don't know the type of  
13 medication, is that something the Health Care  
14 Unit knows what type of medication?

15 A. They would look it up, because when you  
16 call them and give them the inmate number, the  
17 name, they look up to see, unless they're  
18 familiar with that inmate.

19 Q. At any time when medications are  
20 dispensed do the inmates leave their cells to go  
21 to the Health Care Unit to get medication, as  
22 opposed to how you described it where they come  
23 to the F House to dispense medication?

24 A. They receive the medication in their

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1 Q. And do you know if Lippert was in  
2 Segregation Gallery?

3 A. He was not. He was on 3 Gallery.

4 MR. ELIASER: During this incident, that's  
5 what you're asking, Robyn?

6 MS. MARSH: Yes.

7 BY MS. MARSH:

8 Q. Just to be clear, for further, all my  
9 questions, he makes a good point, everything I'm  
10 going to asking for the next few minutes will be  
11 about the May, 2010 incident.

12 So if an inmate is asking for  
13 medication, do you have the radio on your person  
14 to make the call or is the radio located  
15 somewhere that you have to go and get it?

16 MR. ELIASER: Objection, calls for  
speculation. No, it doesn't. Lack of  
foundation.

17 Go ahead and answer.

18 A. Answer?

19 BY MS. MARSH:

20 Q. Yes.

21 A. Yes, it's on our person.

22 Q. Okay. And when you call the Health

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1 cells, they do not leave for medication. Unless  
2 procedures have changed, I haven't worked the  
3 back since 2011. I don't know if they changed  
4 procedures or not.

5 Q. But in May, 2010 they -- excuse me. In  
6 May of 2010 the medication was dispensed to the  
7 inmates in their cell?

8 A. Yes.

9 Q. They would never exit their cell and  
10 lineup?

11 A. Never.

12 Q. Back to May 1, 2010, you said that  
13 Lippert told you he needed medication, is that  
14 correct?

15 A. Correct.

16 Q. He did not tell you what type of  
medication?

17 A. No.

18 Q. And your response was that you went and  
19 told Sergeant Palmer?

20 A. Yes.

21 Q. Why is it that you did not radio the  
Health Care Unit first?

22 A. Because he had stated, Lippert, inmate

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1 Lippert had stated that he had not received his  
 2 medication, and because he was diabetic, that he  
 3 needed it right there and then. So I felt that  
 4 I needed to go downstairs and tell my sergeant,  
 5 because it would have been a lot easier for him  
 6 to get a hold of the nurse or the med tech to  
 7 come, versus me telling them as an officer.

8 Q. Did you typically have a hard time  
 9 getting med techs to respond to you as a  
 10 correctional officer?

11 A. Sometimes.

12 Q. And why is that, do you know?

13 A. I have no idea.

14 Q. Do inmates typically ask you for  
 15 medication as opposed to just waiting for the  
 16 nurses or med techs to come to the F House, for  
 17 example --

18 A. Sometimes.

19 Q. Let me finish. So before they come to  
 20 F House to dispense medication?

21 A. Sometimes.

22 Q. And what instances are those, would  
 23 they need to ask for, you know, a Tylenol, or  
 24 their regular medication or is it a variety?

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1 A. You can see it from the galleries.  
 2 Q. Are there glass windows so you can see  
 3 inside?

4 A. There's no glass.

5 Q. Okay. Is it an open office --

6 A. Yes, open.

7 Q. -- or is it closed?

8 A. Open.

9 Q. So what do you recall the sergeant,  
 10 excuse me, Sergeant Palmer, am I correct, it was  
 11 Sergeant Palmer?

12 A. Palmer.

13 Q. What was Sergeant Palmer saying on the  
 14 phone when he picked up the phone to call about  
 15 Lippert?

16 A. That inmate Lippert had not received  
 17 his medication on the 3 to 11 shift, and the 11  
 18 to 7 shift, and that he was requesting his  
 19 medication.

20 Q. And do you know what was said in  
 21 response to him?

22 A. No, I do not.

23 Q. So the call was not on speaker phone?

24 A. No, it was not.

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1 A. It's a variety.

2 Q. Do you have any way of checking  
 3 yourself, as a correctional officer, whether or  
 4 not an inmate received their medication?

5 A. No.

6 Q. So did you make any phone calls --  
 7 excuse me. Did you make any radio  
 8 communications on May 1st, 2010 to the Health  
 9 Care Unit asking for Mr. Lippert's medication?

10 A. No.

11 Q. Do you know if your sergeant did?

12 A. Yes.

13 Q. And how do you know that?

14 A. I was standing there.

15 Q. And would he also have used a radio or  
 16 does he use the telephone?

17 A. He used the telephone at that time.

18 Q. And does the sergeant have an office?

19 A. Yes, he does.

20 Q. And is that the first floor of F House?

21 A. Yes.

22 Q. Is that -- where is it situated on the  
 23 first floor? Can you see it from the galleries,  
 24 or do you have to walk down a hallway?

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1 Q. Do you know why Mr. Lippert did not  
 2 receive his medication in those two previous  
 3 shifts?

4 A. No.

5 MR. ELIASER: I would object,  
 6 mischaracterizing the record.

7 MS. MARSH: I'm going off of what she said.

8 MR. ELIASER: Okay. But you asked her does  
 9 she know why he didn't receive his medication,  
 10 that's assuming he did not receive his  
 11 medication. Lack of foundation, she wasn't  
 12 there.

13 BY MS. MARSH:

14 Q. Based on your testimony -- I'll  
 15 clarify. Based on your testimony, Mr. Lippert  
 16 stated that he did not receive his medication  
 17 the 3 to 11 shift or the 11 to 7 shift, is that  
 18 correct?

19 A. Correct.

20 Q. And based on your testimony on what he  
 21 said, did you know why he may not have received  
 22 his medication during those shifts?

23 A. No.

24 Q. Thank you. Is lunch time, or excuse

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1 me, is meal time at the same time everyday?  
 2 A. No.  
 3 Q. Typically is it in a range of time, 12  
 4 to 1?  
 5 A. There is no time. When the kitchen  
 6 calls us and tells us that it's ready, we pick  
 7 them up and deliver them to the unit.  
 8 Q. And then do you deliver the food to  
 9 each cell?  
 10 A. Yes.  
 11 MR. LOVELLETTE: This is F House in 2010,  
 12 correct?  
 13 A. Correct.  
 14 BY MS. MARSH:  
 15 Q. So after the sergeant made the phone  
 16 call, do you recall what time that was?  
 17 A. About 7, between 7, 7:30, no later than  
 18 8.  
 19 Q. Can I ask you how you have an  
 20 independent recollection of this if you were  
 21 never interviewed, why this sticks out in your  
 22 mind?  
 23 A. I have a good memory, not good, good,  
 24 but I have a good memory, I mean, I remember the

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1 grievance form filed against you?  
 2 A. No.  
 3 Q. Do you know if a grievance form was  
 4 filed against Sergeant Palmer?  
 5 A. No.  
 6 Q. Do you know if a grievance form was  
 7 filed against Correctional Officer Norman?  
 8 A. No, I do not.  
 9 Q. Is there a correctional officer Nelson  
 10 that you know of?  
 11 A. I have no idea, no.  
 12 Q. Do you know who Colleen Franklin is?  
 13 A. She is a counselor.  
 14 Q. Was she assigned to the F House?  
 15 A. I don't remember if she was assigned  
 16 back then.  
 17 Q. But you know her?  
 18 A. Yes.  
 19 Q. Corresponded with her before?  
 20 A. Yes.  
 21 Q. So the first time, as I understand it,  
 22 you saw this grievance form was after --  
 23 sometime around May of 2014, is that correct?  
 24 A. Yes.

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1 incident.  
 2 Q. And why does this incident stick out in  
 3 your mind?  
 4 A. Like other incidents that stick out,  
 5 it's just part of my job. Sometimes things just  
 6 stick to me. Not because it's a particular  
 7 case, it's just that I recall.  
 8 Q. So after the sergeant made the phone  
 9 call, what did you do?  
 10 A. That was it. I didn't stick around. I  
 11 went back up to 3 Gallery to assume the other  
 12 duties that I had.  
 13 Q. And nothing else happened?  
 14 A. Not that I know, no.  
 15 Q. But you remember four years ago going  
 16 down to the sergeant's office to make a simple  
 17 phone call and nothing else happened?  
 18 MR. ELIASER: Objection, form of the  
 19 question.  
 20 Go ahead and answer.  
 21 A. That is all I remember as far as that.  
 22 BY MS. MARSH:  
 23 Q. And you were never contacted from a  
 24 counselor or any other superior regarding a

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1 Q. I just want to go through it with you.  
 2 Have you read the whole thing again recently  
 3 since May of 2014?  
 4 A. Yes.  
 5 Q. Okay. I can give you a copy, because I  
 6 have several.  
 7 MS. MARSH: Can we mark this as an Exhibit,  
 8 or do you want to do it at the end?  
 9 COURT REPORTER: We can do it at the end, as  
 10 long as you keep track.  
 11 MS. MARSH: Okay. Thank you.  
 12 BY MS. MARSH:  
 13 Q. Okay. I'm just going to go ahead and  
 14 hand that to you, and you can take a look at it  
 15 again.  
 16 MR. LOVELLETTE: Before we go forward, when  
 17 you mark it, can we mark one that you haven't  
 18 written on?  
 19 MS. MARSH: I'm assuming the sticker is going  
 20 to go right over that.  
 21 MR. LOVELLETTE: Okay. That will work.  
 22 MS. MARSH: I just wanted to keep track of it  
 23 that way.  
 24 BY MS. MARSH:

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1 Q. So let's just start from the beginning.  
 2 Have you ever seen a grievance form prior to  
 3 seeing this form in May, 2014?  
 4 A. Yes.  
 5 Q. And how have you come to see grievance  
 6 forms?  
 7 A. We are shown -- we have them laying  
 8 around in the office.  
 9 Q. Okay. And when you say office, what  
 10 office --  
 11 A. The sergeant's office, the shift  
 12 office, pretty much everywhere.  
 13 Q. Can you fill out a grievance form, if  
 14 you want to?  
 15 A. No.  
 16 Q. These are only for inmates?  
 17 A. Yes.  
 18 Q. And as I understand it you never had a  
 19 grievance form filed against you, other than the  
 20 one you see before you right now?  
 21 MR. ELIASER: Objection, mischaracterizes her  
 22 testimony.  
 23 Go ahead and answer.  
 24 A. I have no idea of that.

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1 A. Yes, he did.  
 2 Q. And did he go to Mr. Lippert's cell?  
 3 A. Yes.  
 4 Q. And were you with Sergeant Palmer when  
 5 that happened?  
 6 A. No, I stayed downstairs.  
 7 Q. And could you hear a conversation  
 8 between the two of them?  
 9 A. No.  
 10 Q. Do you know why Sergeant Palmer went up  
 11 to his cell?  
 12 A. After I had went up to the gallery the  
 13 second time around, Lippert stated that he was  
 14 feeling dizzy, and that he was going to pass  
 15 out.  
 16 Q. Let's back up. You said you went back  
 17 up to the gallery after going down to the  
 18 sergeant's office where he made the phone call.  
 19 Is that correct?  
 20 A. Yes.  
 21 Q. And so you went back up to the third  
 22 floor, and do you know how many cells there are  
 23 per floor?  
 24 A. It varies by gallery, so 3 Gallery

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1 BY MS. MARSH:  
 2 Q. You've never seen one is my question?  
 3 MR. LOVELLETTE: Objection, that was not your  
 4 question.  
 5 Go ahead and answer.  
 6 A. Not for me, not with my name on it.  
 7 BY MS. MARSH:  
 8 Q. Thank you.  
 9 If you would go to the second page of  
 10 the grievance form, the narrative. Mr. Lippert  
 11 explained that he was yelling for Sergeant  
 12 Palmer, do you see that at the top?  
 13 A. Yes.  
 14 Q. Do you have any recollection of that  
 15 happening?  
 16 A. No.  
 17 Q. From where Sergeant Palmer's office is  
 18 to Gallery 3, where Mr. Lippert was located,  
 19 could somebody yell and it be heard?  
 20 A. Sometimes if the unit was quiet, yes,  
 21 you can hear it.  
 22 Q. Okay. Do you recall if Sergeant Palmer  
 23 accompanied you back to Gallery 3 that morning?

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1 probably had 60 cells.  
 2 Q. And they are arranged in a circle --  
 3 A. In a circle, correct.  
 4 Q. And do you recall where Lippert's cell  
 5 was situated from when you came up the stairs,  
 6 to the left, to the right?  
 7 A. To the right -- to the left, I'm sorry.  
 8 Q. Was it near the stair entrance?  
 9 A. No. Towards the first twenty cells.  
 10 Q. What does Mr. Lippert look like?  
 11 A. You want me to --  
 12 Q. A description?  
 13 A. Oh, a description, okay. About -- I  
 14 would say about 5'2, short hair, Caucasian,  
 15 skinny.  
 16 Q. Any discernable markings, birthmarks,  
 17 freckles, tattoos, that you know of?  
 18 A. Not that I remember.  
 19 Q. Facial hair, is that allowed?  
 20 A. Yes, but I don't remember if he had  
 21 facial hair.  
 22 Q. So when you came back from the  
 23 sergeant's office, you said that you had another  
 24 interaction with Mr. Lippert, is that correct?

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1 A. Yes, when I went up there, yes, second  
2 time for something else.  
3 Q. To resume your duties you said?  
4 A. Yes.  
5 Q. Okay. And he -- did you initiate the  
6 conversation with him, did he initiate with you,  
7 how did that happen?  
8 A. No, I did not, it wasn't a direct  
9 conversation with him. I don't remember what I  
10 had went up there for, but as I was coming  
11 around towards the front of the cells, that's  
12 when Lippert stated that he wanted Sergeant  
13 Palmer because he still had not received his  
14 medication, and that he was feeling dizzy and  
15 that he was going to pass out.  
16 Q. And then what did you do?  
17 A. And he also stated that he was going to  
18 drop to the floor and he started laughing.  
19 Q. And then what happened?  
20 A. That was it. I continued doing  
21 whatever I was doing.  
22 Q. At what point did Sergeant Palmer come  
23 up --  
24 A. That's when I went downstairs and I

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1 Q. That entire shift?  
2 A. They could have went after the fact,  
3 but I don't remember during that time that  
4 Health Care Unit showed up.  
5 Q. I'm sorry. When you say that time, do  
6 you mean that morning or your entire shift?  
7 A. I didn't see anybody through my whole  
8 shift, I didn't notice anybody.  
9 Q. And I only care about your knowledge,  
10 don't speculate about anybody else?  
11 A. Hmm, hmm.  
12 Q. Do you know if Mr. Lippert ever got his  
13 medication?  
14 A. No, I do not.  
15 Q. During that shift, I should say?  
16 A. No.  
17 Q. At any time was Mr. Lippert removed  
18 from his cell to go to the Health Care Unit  
19 during that shift?  
20 A. Yes, he was.  
21 Q. Do you know when that was?  
22 A. I don't know.  
23 Q. Do you know why that was?  
24 A. Because he had fell in his cell.

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1 told Sergeant Palmer again, and that's when he  
2 went up.  
3 Q. And do you know if Sergeant Palmer made  
4 another phone call before he went back up?  
5 A. No.  
6 Q. No, you don't know, or no, he did not?  
7 A. I don't know if he did.  
8 Q. Okay. And again, you were not present  
9 for any conversation that Sergeant Palmer may  
10 have had with Mr. Lippert?  
11 A. No.  
12 Q. And you said you were downstairs on the  
13 first floor area when Sergeant Palmer went up,  
14 is that correct?  
15 A. Correct.  
16 Q. And approximately what time was that,  
17 if you know?  
18 A. I don't remember.  
19 Q. And do you know if the medical  
20 technician or nurse or anybody from the Health  
21 Care Unit, for that matter, came to the F House  
22 to distribute medication?  
23 A. No, I didn't see anybody from the  
24 Health Care Unit.

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1 Q. And did you witness the fall, or did  
2 you come upon him and he had already fallen?  
3 MR. LOVELLETTE: Objection to the form of the  
4 question.  
5 Go ahead and answer.  
6 A. He had already fallen.  
BY MS. MARSH:  
7 Q. And do you know how he came to fall?  
8 A. No.  
10 Q. And what position was he in when you  
11 got there?  
12 A. On the floor, by the door.  
13 Q. Face up, on his side, face down?  
14 A. Sideways.  
15 Q. On his side?  
16 A. Yes.  
17 Q. Was his back facing outside or could  
18 you see his face?  
19 A. You could see his face.  
20 Q. And was he conscious?  
21 A. Yes.  
22 Q. Were his eyes open?  
23 A. Yes.  
24 Q. Could he talk?

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1 A. Yes.  
 2 Q. Did he say what had happened?  
 3 A. He just said he fell, that he passed  
 4 out.  
 5 Q. What is your response when that  
 6 happens, in general?  
 7 A. I told Sergeant Palmer.  
 8 Q. And did you go downstairs to tell  
 9 Sergeant Palmer?  
 10 A. Yes.  
 11 Q. And what was Sergeant Palmer's  
 12 response?  
 13 A. He said okay and went upstairs.  
 14 Q. And did you accompany Sergeant Palmer?  
 15 A. No, I didn't, I stayed downstairs.  
 16 Q. And is that typical protocol that you  
 17 would stay behind, or is that something --  
 18 A. It's just something that I just did.  
 19 Q. Okay.  
 20 A. I had other things that I was doing.  
 21 MR. ELIASER: I'm sorry. Can I just clarify?  
 22 Is this a third interaction with Lippert, or is  
 23 this the second one?  
 24 A. The second one.

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1 on the floor.  
 2 Q. Is that something that typically  
 3 happens when an inmate falls?  
 4 A. No.  
 5 Q. Do you know why it was in this case?  
 6 A. No.  
 7 Q. So you saw Sergeant Palmer and another  
 8 officer carry Mr. Lippert out of his cell,  
 9 correct?  
 10 A. Yes.  
 11 Q. And where did they carry him to?  
 12 A. Downstairs.  
 13 Q. And are the stairs just straight down  
 14 or are they spiral stairs? What do the stairs  
 15 look like?  
 16 A. They go in levels.  
 17 Q. So they had to go down three levels to  
 18 get to the first floor?  
 19 A. From the third they went to the second,  
 20 from the second they went to the first. It's  
 21 not one direct -- they're levels.  
 22 Q. I understand. But they took the stairs  
 23 all the way to the first level?  
 24 A. Yes.

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1 MR. ELIASER: This is the part of the second  
 2 interaction?  
 3 A. Yes.  
 4 MR. ELIASER: Okay. Sorry, Robyn, I just  
 5 wanted to be clear before you kept going.  
 6 BY MS. MARSH:  
 7 Q. I should also state that if you need a  
 8 break at anytime, please tell me, for any  
 9 reason.  
 10 A. Okay.  
 11 Q. Okay. So he had said to you he had  
 12 fallen, you went and got Sergeant Palmer. You  
 13 stayed down on the first floor. Sergeant Palmer  
 14 went up there, is that correct?  
 15 A. Correct.  
 16 Q. Then what happened?  
 17 A. I seen Sergeant Palmer and another  
 18 officer bring him out of the cell.  
 19 Q. Do you know which officer that was?  
 20 A. No. I kind of just glanced, and really  
 21 didn't see who else was with him.  
 22 Q. And do you know why they took him out  
 23 of the cell?  
 24 A. No, I do not. I guess because he was

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1 Q. Then what?  
 2 A. I didn't observe anything else after  
 3 that. I think they put him in the bull pen.  
 4 Q. What's that?  
 5 A. Where -- the general holding area for  
 6 the inmates.  
 7 Q. On the first floor?  
 8 A. Yes.  
 9 Q. In the F House?  
 10 A. Yes.  
 11 Q. And why would an inmate be placed in  
 12 there?  
 13 A. It's regular protocol, proper procedure  
 14 for us to do that.  
 15 Q. Okay. Then what? They stay in there  
 16 for a period of time?  
 17 A. They stay there until the med tech  
 18 comes, or whatever they decide they're going to  
 19 do with the inmate. If they're going to take  
 20 him up to the Health Care Unit, whatever they  
 21 got to do.  
 22 Q. I thought the med tech comes to the F  
 23 House to distribute medications in a person's  
 24 cell?

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1	A. Yes.
2	Q. Why not in this case?
3	A. I have no idea.
4	Q. When a inmate has to leave the F House
5	to go to the Health Care Unit, is there a
6	process where you have to make a record of that
7	happening, of the prisoner leaving the F House
8	and not being there for a period of time?
9	A. Yes, you log it in a daily shift sheet,
10	which is where we -- everybody that goes in and
11	out of the unit is marked down.
12	Q. And when you say unit, you mean F
13	House?
14	A. Correct.
15	Q. And where are those shift sheets
16	located?
17	A. The main entrance of F House.
18	Q. And who -- so do you -- when you do
19	your counts, as you said, at the beginning of
20	your shift, do you have to log that in the shift
21	sheet?
22	A. No, the count goes on different paper.
23	Q. Okay. So what typical things would go
24	on the logbook? Just as you mentioned, when an

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1	that's it.
2	Q. And what about resolution, were they
3	separated, was somebody written up, was somebody
4	had to see, you know, the sergeant, if there's a
5	disposition of the fight?
6	A. That would not go in that logbook.
7	Q. Okay. Who would handle that? The
8	sergeant?
9	A. Yes.
10	Q. And what happens at the end of your
11	shift to that logbook, do you know?
12	A. It stays in the unit.
13	Q. So there are several entries to allow
14	for any particular happening per shift?
15	A. Yes.
16	Q. Did you mark this incident in the
17	logbook?
18	A. No.
19	Q. Why not?
20	A. It wasn't -- there was no need for it.
21	Q. But you mentioned previously that a
22	prisoner had fallen, correct?
23	A. Yes.
24	Q. And he was removed from his cell.

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1	inmate goes in and out, is there anything else
2	that would go on there?
3	A. In the logbook, the logbook is only for
4	officers and incidents that took place that day.
5	Q. Okay. Can you give me an example of an
6	incident that would go in a logbook?
7	A. A fight, the feed, officers assigned to
8	that unit, that's it.
9	Q. When you say feed, do you mean --
10	A. Chow.
11	Q. -- when they receive their lunch or
12	whatever meal?
13	A. Yes.
14	Q. And do you write what officers were
15	responsible for handing out the meals or just
16	the time that they received the meals?
17	A. The time that was for that meal.
18	Q. Okay.
19	A. Beginning and ending time for each
20	gallery.
21	Q. And if there's a fight, how do you
22	document that?
23	A. Write the inmate's name, number,
24	whoever -- whatever parties were involved, and

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1	correct?
2	A. Correct.
3	Q. And was possibly -- he was put in the
4	bull pen to possibly be taken to the Health Care
5	Unit, is that correct?
6	A. Or the nurse comes to the unit to give
7	him his medication.
8	Q. And that did not merit an incident?
9	A. No.
10	Q. Had this type of incident ever occurred
11	before with Mr. Lippert, where he requested
12	medication?
13	A. No.
14	Q. This was the only time?
15	A. Yes, that I remember.
16	Q. And because it was an isolated incident
17	that you can recall, that did not merit
18	something going in the logbook for you?
19	A. No. For the record, the sergeant is the
20	one that writes in the book. The officers do
21	not write in that book, we don't write in there.
22	Q. Only the sergeants --
23	A. Only the sergeants. That's the
24	sergeant's daily activities and that's it.

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1 Q. Okay. Thank you. I didn't know that.  
 2 Do you know if Sergeant Palmer wrote in  
 3 the logbook?  
 4 A. I don't know.  
 5 Q. At any time on May 1st, 2010 did you  
 6 hear or witness any type of communications  
 7 between Sergeant Palmer and Mr. Lippert?  
 8 A. No.  
 9 Q. Do you recall having a conversation  
 10 with Correctional Officer Norman about Mr.  
 11 Lippert?  
 12 A. No.  
 13 Q. Do you have -- I understand you don't  
 14 have any medical training or education, is that  
 15 correct?  
 16 A. Correct.  
 17 Q. Do you have a general understanding of  
 18 what diabetes is?  
 19 A. Yes.  
 20 Q. And what's your understanding?  
 21 A. Depending on the stage of the diabetes,  
 22 there are some that are pill dependent, and then  
 23 there are some that are insulin dependent.  
 24 Q. And do you know -- I believe you said

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1 A. I don't remember.  
 2 Q. Do you remember seeing him in his cell  
 3 again during your shift?  
 4 A. I don't remember.  
 5 Q. So do you -- strike that.  
 6 In this grievance form in front of you  
 7 on what looks like the third paragraph.  
 8 MR. LOVELLETTE: Of the second page?  
 9 BY MS. MARSH:  
 10 Q. On the second page still. It starts  
 11 with due to --  
 12 A. Hmm, hmm.  
 13 Q. Can I just ask you to read that to  
 14 yourself, and let me know when you're done.  
 15 A. Okay. I'm done.  
 16 Q. Okay. Do you have a recollection of any  
 17 of that happening?  
 18 A. No.  
 19 Q. Do you recall that there was urine  
 20 anywhere in the cell?  
 21 A. There was water on the floor when I  
 22 looked in, but that was -- I couldn't identify  
 23 it, if was urine or not.  
 24 Q. There was a liquid of some sort?

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1 before that you knew that -- excuse me, that Mr.  
 2 Lippert told you he was diabetic, correct?  
 3 A. He stated, I did not confirm if he was  
 4 or was not.  
 5 Q. I understand. But he told you he was  
 6 diabetic?  
 7 A. Yes.  
 8 Q. And do you have any knowledge one way  
 9 or the other what type of diabetes he had, as  
 10 you described it, pill or insulin?  
 11 A. No.  
 12 Q. So when he said medication, you didn't  
 13 know what type of medication?  
 14 A. Correct.  
 15 Q. Do you have an understanding of how  
 16 often a diabetic needs medication?  
 17 A. No.  
 18 Q. So after Mr. Lippert was placed in the  
 19 bull pen, you don't know what time that was  
 20 during your shift, is that correct?  
 21 A. Correct.  
 22 Q. Did you -- you said you didn't see  
 23 anything after that; did he remain in the bull  
 24 pen for the rest of your shift, do you know?

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1 A. Yes, liquid.  
 2 Q. What time -- what instance was that?  
 3 Was that the first time that Lippert spoke to  
 4 you or the second time?  
 5 A. The second.  
 6 Q. Was it near the front of the cell,  
 7 center of the cell?  
 8 A. Center of the cell.  
 9 Q. Did you -- if there is liquid in an  
 10 inmate's cell, what is done about that? Are  
 11 they asked to clean it up, do you bring a  
 12 janitorial staff in, what happens?  
 13 A. They clean it up themselves.  
 14 Q. That's not considered a hazard?  
 15 A. Everybody takes care of their own  
 16 cells. We don't have any mops and brooms that  
 17 go in the cell because of it being Unit F.  
 18 Q. Is that something that you would point  
 19 out to a prisoner, saying you need to clean that  
 20 up, or what is that, is that just a common  
 21 occurrence?  
 22 A. No, it's just a common occurrence.  
 23 Q. Okay. Do you recall one way or another  
 24 if -- sorry, before I move onto that.

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1 You stated that you don't recall any of  
2 these events, excuse me, any of these events as  
3 you just read them on page 2 of the Grievance  
4 Report, is that correct?

5 A. Correct.

6 Q. If you look in the paragraph directly  
7 above that, on the fourth line. Your name is  
8 identified there, is that correct?

9 A. Yes.

10 Q. And then also in the paragraph that you  
11 just read, the second to last line, your name is  
12 in there again, correct?

13 A. Correct.

14 Q. And he seems to quote you, is that  
15 correct?

16 A. Yes.

17 Q. Okay. Now, because your name is  
18 mentioned in here on this grievance form, I  
19 believe you mentioned earlier that you're  
20 contacted if your name is on a grievance form to  
21 further investigate, is that correct?

22 A. Correct.

23 Q. But you were never contacted about this  
24 grievance form?

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1 process has nothing to do with the inmate.

2 BY MS. MARSH:

3 Q. So when you -- do you do it in the  
4 cell, is my question, would you report it right  
5 away or is it something you do later, if it had  
6 to do with a fellow correctional officer,  
7 sergeant?

8 A. It would have to be reported right  
9 away.

10 Q. Okay. As you state -- strike that.

11 You said you learned about the  
12 grievance process when you were in your 8 week  
13 training down in Springfield, correct?

14 A. Correct.

15 Q. And how did you come to learn about it?  
16 Is there a day or a week or a certain amount of  
17 time allotted to learning about policies and  
18 procedures?

19 A. During the whole 8 weeks it's  
20 distributed throughout, it's not one particular  
21 day or one week. It's throughout the whole 8  
22 weeks.

23 Q. And is it somebody from -- sorry.  
24 Strike that.

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1 A. No.

2 Q. Do you know who would typically contact  
3 you to discuss a grievance form?

4 A. The counselor.

5 Q. Is it always the counselor?

6 A. Yes.

7 Q. Is the counselor the one who -- sorry.  
8 Is the counselor present when the grievance form  
9 is written, do you know?

10 A. I have no idea.

11 Q. If you had a problem during a shift  
12 with how another correctional officer behaved or  
13 handled a situation, could you write it up  
14 somehow? Do you guys have your own grievance  
15 form process?

16 A. Yes, we do.

17 Q. And what is your process like, how does  
18 that work out?

19 A. Can I answer that?

20 MR. LOVELLETTE: Is it through the Union?  
21 Will we be talking about the Union?

22 A. Yes.

23 MR. LOVELLETTE: Then I'm going to object.  
24 It's completely irrelevant. And the Union

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1 Who talks to you about the grievance  
2 form process?

3 A. The instructors.

4 Q. And are you given materials, a binder,  
5 a handbook, any of that to follow along with?

6 A. Yes.

7 Q. And what is -- if you recall, this was  
8 in '96, I understand that.

9 A. Yes.

10 Q. If you recall, what was the gist of  
11 what was explained to you about the grievance  
12 process?

13 A. The form is shown to us in blank, and  
14 we look over it, we see it, observe it and that  
15 is it. We don't write it. We don't need to  
16 write on it because that's not for us.

17 Q. But during that orientation did they  
18 explain to you that if an inmate fills it out  
19 and your name is included, you will be asked  
20 about it?

21 A. Yes.

22 Q. Okay. And do you have an opportunity,  
23 if you know, if they come to you about the  
24 grievance form where you could respond to any

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1 allegations or comments that are made in the  
2 grievance form?

3 A. Yes.

4 Q. And is that done through an interview,  
5 do you write your own report, do you know?

6 A. Through a verbal interview.

7 Q. And is that with a counselor?

8 A. Yes.

9 Q. And to be clear, that has never  
10 happened to you, correct?

11 A. Correct.

12 Q. Okay. Do you know who, if anybody, on  
13 your shift, on May 1, 2010 was interviewed with  
14 respect to this grievance form?

15 A. I don't know.

16 Q. You never talked with anybody about the  
17 interview process?

18 A. No.

19 Q. Do you have to sign any forms when you  
20 start, demonstrating that you will comply with  
21 the policies and procedures of the IDOC or the  
22 Stateville prison at the completion of your  
23 training. Do you remember if you had to do  
24 that?

1 A. Yes.

2 Q. What is your cycle?

3 A. April? April.

4 Q. After your training in Springfield in  
5 1986, did you feel comfortable that you could  
6 assume the role as a correctional officer, that  
7 you had sufficient training?

8 A. Yes.

9 Q. Is there with respect to medical  
10 emergencies, are you given a handbook on knowing  
11 how to handle certain emergencies?

12 A. No.

13 Q. Are you given any direction on how to  
14 handle certain emergencies?

15 A. No.

16 Q. So there's not specific protocol to be  
17 followed in the event of a medical emergency?

18 A. Correct.

19 Q. What happens at the end of your shift?  
20 Do you have to sign out? Is there a role call  
21 again? What do you have to do?

22 A. We are relieved by the 3 to 11 shift,  
23 assuming that assignment.

24 Q. And again, do you have any

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1 A. I don't remember.

2 Q. Do you ever have refresher courses in  
3 training, like if there's a change in policy, or  
4 they're instituting a new type of procedure for  
5 correctional officers, do you have ongoing  
6 training?

7 A. Yes.

8 Q. And is that sporadic, it's not like  
9 every January you have to have new training, or  
10 is it --

11 A. On a yearly basis.

12 Q. So you do have it on a yearly basis?

13 A. Yes.

14 Q. And when is that?

15 A. Whenever your cycle ends. It goes --  
16 every officer has a different cycle, so  
17 whatever, it's a year from each expiring last  
18 date.

19 Q. And how long is that refresher course,  
20 let's call it that?

21 A. Three days.

22 Q. And is that in Springfield again?

23 A. No, here.

24 Q. Okay. At the facility?

1 conversations with the oncoming shift about  
2 events from your shift?

3 A. No.

4 Q. Have you ever been present where a  
5 inmate has a medical emergency and the -- sorry.  
6 Let me ask that. Have you ever been  
7 present when an inmate has a medical emergency?

8 A. I don't remember.

9 Q. Can you describe to me what you would  
10 believe to be a medical emergency?

11 A. Depending on what the circumstances  
12 are. You want specifics, or do you want what my  
13 medical term would be for an emergency?

14 Q. Well, if there's no protocol or policy  
15 on what a medical emergency is, am I correct?

16 A. Correct.

17 Q. That it seems to me that it is based on  
18 independent judgment of each correctional  
19 officer, is that correct?

20 A. Correct.

21 Q. So for you, your independent judgment,  
22 what would you deem to be a medical emergency  
23 that would require further intervention with the  
24 inmate?

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1 MR. LOVELLETTE: Objection to the form of the  
2 question.

3 MR. ELIASER: I'll join.

4 You can answer.

5 A. Somebody's that having chest pain,  
6 can't breath, somebody that is bleeding, broken  
7 bones.

8 BY MS. MARSH:

9 Q. And in those instances what would you  
10 do to deal with that emergency?

11 A. Call the nurses or the med techs on the  
12 radio.

13 Q. On the radio?

14 A. If it's a severe emergency, on the  
15 radio or base. Base is the radio person,  
16 whoever has base that day.

17 Q. And what is the response to that? Do  
18 they tell you what to do, or do they come to  
19 you? Does it depend?

20 A. They actually call, whoever is the  
21 assigned med tech is, for wherever the situation  
22 is at, for whatever unit and they just have  
23 somebody go there.

24 Q. So as I understand it, or I'm trying to

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1 position where they gave you direction before  
2 they can get to the unit?

3 A. No.

4 MS. MARSH: I'm just going go through my  
5 notes briefly. The other attorneys might have  
6 questions for you. And I will turn it over to  
7 them, and hopefully we can go be done with this  
8 soon.

9 MR. ELIASER: Can we take a quick break, and  
10 then I have probably 5 minutes of questions. It  
11 seems like a good time to take a quick break.

12 MS. MARSH: Sure.

13 (Whereupon, a short break was  
14 taken.)

15 MS. MARSH: Okay. Back on the record.

16 BY MS. MARSH:

17 Q. All right. Do you recall receiving  
18 what we call interrogatories and request for  
19 production. Do you recall receiving those,  
20 discovery documents?

21 A. No.

22 Q. Do you know what an interrogatory is?

23 A. Yes, I know what that is.

24 Q. Okay. So have you ever seen these

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1 understand rather, that there is a med tech  
2 affiliated with the Health Care Unit that is  
3 assigned to a house at any given shift?

4 A. Yes.

5 Q. So there is one assigned or perhaps  
6 more than one med tech assigned to F House?

7 A. There's just one that I know of.

8 Q. Okay. Is it typically the same med  
9 tech then, so they would know --

10 A. No.

11 Q. Okay. Is there one med tech assigned  
12 per shift?

13 A. There's a few med techs.

14 Q. Okay. So there's always a med tech  
15 available?

16 A. Yes.

17 Q. Is it a med tech that typically  
18 responds as opposed to a nurse, or does it  
19 depend?

20 A. It depends.

21 Q. Do you know how the Health Care Unit  
22 prioritizes responses to requests?

23 A. No.

24 Q. Do you -- have you ever had to be in a

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1 documents?

2 MS. MARSH: I'm handing her what we received  
3 as her discovery responses, her answers to  
4 interrogatories.

5 BY MS. MARSH:

6 Q. Have you seen these before?

7 A. Yes.

8 Q. And when would you have seen them, if  
9 you recall?

10 A. Back in May.

11 Q. And did you answer them with the  
12 assistance of Counsel?

13 A. No.

14 Q. You don't recall answering them?

15 A. I don't recall, I don't remember.

16 Q. Okay. Is this your signature?

17 A. Yes, that is.

18 Q. So does this refresh your recollection  
19 at all?

20 A. Yes.

21 Q. Okay. I'm going to go ahead and mark  
22 the interrogatories as Exhibit 2. Okay.

23 So do you recall if you answered these  
24 yourself?

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1 A. Yes.  
2 Q. And then your Counsel provided them for  
3 filing and service and all that good stuff.  
4 A. Yes.  
5 Q. So I just want to go back over your  
6 interactions with Mr. Lippert again. The first  
7 time, I believe you said that he said he hadn't  
8 received his insulin, you went down and told the  
9 sergeant, correct?  
10 A. Correct.  
11 Q. You did not make a radio phone call --  
12 excuse me. You did not call the medical or  
13 Health Care Unit on your radio, you went  
14 directly to your sergeant?  
15 A. Yes.  
16 Q. Okay. And then after you talked to the  
17 sergeant about it, you went back up to Gallery  
18 3?  
19 A. Yes.  
20 Q. And you said that you started walking  
21 around and you came upon Mr. Lippert's cell,  
22 correct?  
23 A. Correct.  
24 Q. And he was on the ground, correct?

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1 Q. In what --  
2 A. Not laughing, giggling, but kind of  
3 like a smirky, giggly laugh.  
4 Q. Did he say anything?  
5 A. That he was going to pass out, when I  
6 told him that I had already advised Sergeant  
7 Palmer that he needed a med tech in regards to  
8 his medication that he had not received.  
9 Q. Okay. So you, just so I'm clear, you  
10 started to walk pass, but you didn't see him  
11 actually fall, you heard it?  
12 A. When I went past him he was still  
13 standing, he said he was going to pass out  
14 because he was feeling dizzy. I took a couple  
15 of steps, continued to do what I had to do and I  
16 heard something. So when I went back, he was on  
17 the floor in an almost fetal position, he wasn't  
18 facing anything, he was on his side and there  
19 was a puddle of water, like he was alert, and he  
20 said that he was going to pass out, but he was  
21 still talking to me.  
22 Q. Okay.  
23 A. He was giggling.  
24 Q. And at that point you did what? You

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1 A. Correct.  
2 Q. And did he say anything to you?  
3 A. No.  
4 Q. And did you say anything to him?  
5 A. Yes, he said that he wanted the med  
6 tech, that why wasn't the med tech there, and  
7 that he was going to pass out.  
8 Q. Okay. But he was already on the  
9 ground?  
10 A. And he fell on the floor.  
11 Q. Okay. So when you came upon him he was  
--  
12 A. I continued to walk as he was saying  
13 that, I don't remember if I was collecting the  
14 trays, the foams, the trays that they throw on  
15 the floor. I continued to walk, he said that he  
16 was going to fall and pass out. I continued --  
17 I continued to take a couple of steps, that's  
18 when I heard the thump and he was laughing.  
19 Q. So when you first came upon the cell he  
20 was not on the ground, correct?  
21 A. Correct.  
22 Q. Okay. And he was laughing, you said?  
23 A. Yes.

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1 went downstairs?  
2 A. I went downstairs and I advised sarg  
3 again what had happened. I stayed downstairs,  
4 sarg went upstairs. I don't remember the other  
5 officer that went upstairs, but I stayed  
6 downstairs to do other things.  
7 Q. And the other officer that was with the  
8 sergeant, was that, I know you don't remember  
9 his or her name, but was that officer already on  
10 Gallery 3?  
11 A. When I turned and looked, sarg was  
12 there with another officer, who I really -- I  
13 did a real quick glance, I started to either  
14 answer the phone or do something else, that's  
15 when I noticed they were upstairs. I turned  
16 back and continued to do my things. But I  
17 really didn't focus on who was the other person  
18 that was up there with him.  
19 Q. I'm sorry, maybe I missed it. Do you  
20 know if that person was already on Gallery 3 or  
21 if they went --  
22 A. I don't know if he went up from another  
23 gallery, but I seen another by there.  
24 Q. I understand.

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1 A. I don't know where he came from.  
 2 Q. Got it. Thank you.  
 3 MS. MARSH: Okay. Now I'm really going to  
 4 pass on the questions. And I think that I'm  
 5 going to go through my notes again, I think  
 6 we're good. Thank you very much.

## EXAMINATION

BY MR. ELIASER:

9 Q. Miss Maldonado, I'm Matthew Eliasen,  
 10 and I represent Athena Rossiter in this case,  
 11 who was a Wexford employee at the time. I am  
 12 also General Counsel for Wexford as well.

13 I just have a few questions for you, if  
 14 you don't mind, let me just get organized here  
 15 for a second.

16 Okay. It's a few more than a few.

17 After that first interaction with  
 18 Lippert you said you were present when Palmer  
 19 made the call to the Health Care Unit, right?

20 A. Yes.

21 Q. Do you know who Palmer spoke with?

22 A. No.

23 Q. During that second interaction with  
 24 Lippert you said you saw a liquid on the floor,

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1 A. I don't know if he was talking, but I  
 2 know that he was alert, because his body was not  
 3 limp.

4 Q. Okay. Was he doing anything else? Was  
 5 he laughing, crying, screaming, anything that  
 6 you remember?

7 A. No.

8 Q. You don't remember?

9 A. No, I don't remember.

10 Q. Did he appear to be in distress when he  
 11 was being carried out of the cell by Palmer and  
 12 the other officer?

13 A. No.

14 Q. And what makes you say that?

15 MS. MARSH: Objection, foundation.

16 A. He didn't look like he was in distress.

17 MS. MARSH: Can you define distress?

By MR. ELIASER:

18 Q. You said that he was alert, he wasn't  
 19 crying, he wasn't screaming, right, correct?

20 A. Correct.

21 Q. Was he saying anything else that you  
 22 remember at that time?

23 A. No.

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1 right?  
 2 A. Yes.  
 3 Q. Did you see any liquid on his body or  
 4 his clothes?  
 5 A. No.  
 6 Q. So it was only on the floor?  
 7 A. Yes.  
 8 Q. Did he say anything to you about the  
 9 liquid?  
 10 A. The only thing he stated was that he  
 11 peed on himself.  
 12 Q. Okay. Those exact words?  
 13 A. Yes.  
 14 Q. You also said that you saw Officer  
 15 Palmer and another officer escorting him out of  
 16 the cell and going downstairs, right?  
 17 A. Yes.  
 18 Q. Did you -- well, what was Lippert's  
 19 condition while he was being carried by Palmer  
 20 and the other officer?  
 21 A. He was alert.  
 22 Q. His eyes were open?  
 23 A. Yes.  
 24 Q. He was talking?

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1 Q. So basically all you remember about his  
 2 condition when he was being carried out of the  
 3 cell is that he was alert and he did not appear  
 4 to be distress, is that fair?

5 A. Yes.

6 Q. You described to us what your  
 7 definition of a medical emergency was. Do you  
 8 remember that earlier in this deposition?

9 A. No.

10 Q. Okay. I think you said someone who's  
 11 bleeding, someone who has heart pain, someone  
 12 who has a broken bone, things along those lines  
 13 are people with a medical emergency, right?

14 A. Correct.

15 Q. Okay. Would I be correct to say then  
 16 that in your determination at the time Mr.  
 17 Lippert was not having a medical emergency?

18 A. Yes.

19 Q. Okay. Why would you -- why did you  
 20 make that determination?

21 A. Because he was talking to me. He did  
 22 not seem like he was at the level where he  
 23 needed the next extreme medical -- somebody in  
 24 medical to come and see him.

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1 Q. And I take it his laughter and his  
 2 giggling also indicated to you that he was not  
 3 having a medical emergency?

4 A. Yes.

5 Q. Anything else we haven't talked about  
 6 that made you determine that he wasn't having a  
 7 medical emergency at the time?

8 A. No.

9 Q. Have you ever spoken with Athena  
 10 Rossiter about this incident?

11 A. No.

12 Q. Do you know Athena?

13 A. No, I do not.

14 Q. Other than this incident, have you been  
 15 involved in a situation where Lippert has  
 16 refused medication?

17 A. No.

18 Q. So this was the only -- well, strike  
 19 that.

20 I'm going to mark an Exhibit. We're on  
 21 3, right?

22 COURT REPORTER: Yes, 3.

23 MR. ELIASER: Just for the record, this is  
 24 Exhibit 3, which purports to be a Grievance

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1 Q. Does that refresh your recollection in  
 2 any way as to any other things that you  
 3 witnessed while the inmate was being escorted  
 4 out of the cell by Palmer and the other  
 5 correctional officer?

6 A. Yes.

7 Q. And tell me what your recollection is  
 8 now?

9 A. As Sergeant Palmer and the other  
 10 officer was carrying him downstairs when he was  
 11 still coherent, he was giggling. I mean, not  
 12 giggling, but he had a smirky smile.

13 Q. Okay. So just so I understand, now as  
 14 you sit here today, you recall that he had a  
 15 giggly smile and was laughing when he was being  
 16 escorted out of the cell by Palmer, is that  
 17 correct?

18 A. Yes. He was facing the center of the  
 19 rotunda, coming off of 3 Gallery.

20 Q. And you could see his face when he was  
 21 being escorted?

22 A. Yes. Not escorted, but being brought  
 23 down.

24 Q. Being brought down. Was he being

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1 Officer's Report, dated September 29th, 2010.  
 2 The Bates stamp is Lippert Master File 000277.  
 3 BY MR. ELIASER:

4 Q. Miss Maldonado, do you have that  
 5 document in front of you?

6 A. Yes.

7 Q. Have you ever seen this document  
 8 before?

9 A. The information on it or the actual  
 10 document itself?

11 Q. Either.

12 A. I've seen the paper, yes. But I have  
 13 not seen this one. This particular --

14 Q. So you've seen a grievance officer's  
 15 report before, you just haven't seen this  
 16 particular one?

17 A. Yes.

18 Q. I'm going to direct your attention to  
 19 the third to last sentence that starts with per  
 20 C/O Maldonado, do you see that?

21 A. Yes.

22 Q. Okay. Could you review that for me and  
 23 let me know when you're done.

24 A. Okay.

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1 carried?

2 A. Yes.

3 Q. Okay.

4 A. Carried in arm and feet kind of carry.  
 5 Somebody had him -- sarge had him by the arms and  
 6 somebody else had him by the feet.

7 Q. Does this refresh your recollection at  
 8 all as to whether you were ever interviewed with  
 9 respect to this grievance that was filed against  
 10 you?

11 A. No.

12 Q. So this doesn't refresh your  
 13 recollection at all as to whether Colleen  
 14 Franklin or any other counselor or officer spoke  
 15 to you about this incident for purposes of  
 16 responding to the grievance?

17 A. No.

18 Q. Did you speak with anyone from the  
 19 medical staff on May 1st, 2010?

20 A. No.

21 MR. ELIASER: Okay. That's all I have.  
 22 MR. LOVELLETTE: Can we have just a second.

23 EXAMINATION

24 BY MR. LOVELLETTE:

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1 Q. I just have one question. I want to  
 2 clear up something. At any point on May 1st of  
 3 2010 did Mr. Lippert tell you that he did not  
 4 get a specific type of medication?

5 A. No.

6 Q. Did he ever tell you that he did not  
 7 get his "insulin"?

8 A. No.

9 Q. What did he tell you about his  
 10 medication?

11 A. He said that 3 to 11 had not given him  
 12 his meds.

13 Q. And was that his word?

14 A. Meds.

15 Q. Is that's a word that's used by  
 16 inmates?

17 A. Yes.

18 Q. Okay. And let's switch and talk a  
 19 little bit about Exhibit 3. Is it possible that  
 20 you were -- that someone did speak to you before  
 21 this report, in order to write this report and  
 22 you don't remember it?

23 A. Yes.

24 MR. LOVELLETTE: That all I have.

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1 least a year before May of 2010, correct?

2 A. Correct.

3 Q. So than when he said that he didn't get  
 4 his medication to you, would you have presumed  
 5 that it was diabetes related?

6 A. No. He said a med, I didn't ask him,  
 7 because if he told me a name of pill, I would  
 8 know what kind of a pill. He just said I did  
 9 not receive my meds.

10 Q. I understand. Did he have other  
 11 ailments in which he often received medication?

12 A. No, I don't know.

13 MR. ELIASER: And I would object to  
 14 foundation on that question.

15 BY MS. MARSH:

16 Q. Had you been present before to see  
 17 other inmates get their medication during your  
 18 shift?

19 A. Yes.

20 Q. So you knew that however many inmates  
 21 in the F House were recipients of consistent  
 22 medication from that Health Care Unit?

23 MR. ELIASER: Objection to the form of the  
 24 question.

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1 MS. MARSH: I just have a few more. No,  
 2 really a few.

3 EXAMINATION

4 BY MS. MARSH:

5 Q. Just so we're clear on the record, I  
 6 believe Matt asked you a question, if you ever  
 7 had knowledge of an incident where Mr. Lippert  
 8 had refused medication. Do you remember that  
 9 question?

10 A. Yes.

11 Q. Do you have any reason to believe that  
 12 Mr. Lippert has refused medication before?

13 A. No.

14 Q. Okay. You said that earlier, probably  
 15 the first to go around with you and I, that you  
 16 knew that Mr. Lippert was a diabetic, correct?

17 A. He stated that he was a diabetic, I  
 18 can't prove it.

19 Q. I understand that. What my question is  
 20 to you, you understood, based on his  
 21 representations to you, that he was a diabetic,  
 22 correct?

23 A. Correct.

24 Q. And he had been in the F House for at

1 Go ahead.

2 A. There is inmates that do receive it on  
 3 a daily basis. But I really don't know which  
 4 one's are the one's. Because like I said, from  
 5 the time that we enter that unit, it's very  
 6 busy, so that unit that is in question, they  
 7 float inmates around a lot. So you don't have  
 8 the same inmate in 345 today, and then tomorrow  
 9 he might be in there. So it fluctuates.

10 Q. When you say 345, does that mean a cell  
 11 number?

12 A. Yes.

13 Q. Oh, okay. So regardless, that's not  
 14 your responsibility as a correctional officer to  
 15 maintain a list of which inmates receive  
 16 medication?

17 A. Correct.

18 Q. So you don't typically know, as you've  
 19 stated, when an inmate is supposed to receive  
 20 medication?

21 A. Correct.

22 Q. And have you ever heard, you know what,  
 23 strike that.

24 When Mr. Lippert said to you that he

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1 did not receive his meds, as you said, correct?  
2 A. Correct.  
3 Q. Do you automatically accept that -- my  
4 question is do you ask questions about to  
5 further investigate why perhaps an inmate didn't  
6 get their medication or get further information  
7 for you to report to the Health Care Unit?  
8 A. No.  
9 Q. So you just accept that what they say  
10 is true and then you make -- you determine your  
11 actions thereafter, is that correct?  
12 A. Correct.  
13 Q. So in this instance you accepted from  
14 Mr. Lippert that he said he had not received his  
15 medication in the two previous shifts, correct?  
16 A. Correct.  
17 Q. And your response was to go down and  
18 directly tell your sergeant?  
19 A. Correct.  
20 Q. You did not ask Mr. Lippert what  
21 medication that was?  
22 A. No.  
23 Q. So you did not know why he needed the  
24 medication?

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1 That's all the questions I have for  
2 you. Thank you.  
3 MR. ELIASER: I just have one question, I  
4 swear. I promise.  
5 EXAMINATION  
6 BY MR. ELIASER:  
7 Q. Did he say to you that he had not  
8 received his meds on the previous two shifts or  
9 just that he had not received his meds, which  
10 one was it?  
11 A. On 3 to 11, and 11 -- the previous  
12 shift.  
13 Q. So when you had the interaction -- this  
14 first interaction with him you were -- this was  
15 during the 7 to 3 shift, right?  
16 A. Yes, 7 to 3, yes, he had not received  
17 his meds the prior two shifts, which was 3 to  
18 11, 11 to 7, that's when he spoke to me at 7:00  
19 o'clock that morning, during my shift, my  
20 regular work day.  
21 MR. ELIASER: Okay. Nothing further.  
22 MR. LOVELLETTE: We will reserve signature.  
23  
24

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1 A. Correct.  
2 Q. When he advised you that he was  
3 feeling -- I believe this was a second  
4 interaction you had with him, that he was  
5 feeling weak or dizzy, I believe those were the  
6 words?  
7 A. Faint, yes.  
8 Q. Did he say why he was feeling those  
9 things?  
10 A. Because that's when he stated that he  
11 was diabetic.  
12 Q. But as I understood it before he had  
13 told you previously on another occasion that he  
14 was diabetic?  
15 A. No, I had not -- that day.  
16 Q. That day he told you he was diabetic?  
17 A. Yes.  
18 Q. So at no other time in the year or so  
19 on the F House did you know him to receive  
20 medication?  
21 A. No.  
22 MS. MARSH: Hold on one second, please. I  
23 just want to make sure I've gone through  
24 everything.

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1 (Whereupon, Deposition Exhibit  
2 Nos. 1, 2 and 3 were marked for  
3 identification.)  
4 (DEPOSITION CONCLUDED AT 11:56 A.M.)  
5  
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1 STATE OF ILLINOIS )  
 2 ) SS:  
 3 COUNTY OF COOK )  
 4 I, Jacqueline Shenberger, a Certified  
 5 Shorthand Reporter within and for the County of  
 6 Cook and State of Illinois, do hereby certify  
 7 that heretofore, to-wit, on September 26, 2014,  
 8 personally appeared before me, at 11638 South  
 9 Broadway, Crest Hill, Illinois, MARTHA  
 10 MALDONADO, in a cause now pending and  
 11 undetermined in the Circuit Court of Cook  
 12 County, Illinois, wherein DONALD LIPPERT, et-al  
 13 is the Plaintiff, and SALVADOR GODINEZ, et-al is  
 14 the Defendant.  
 15 I further certify that the said witness was  
 16 first duly sworn to testify the truth, the whole  
 17 truth and nothing but the truth in the cause  
 18 aforesaid; that the testimony then given by said  
 19 witness was reported stenographically by me in  
 20 the presence of the said witness, and afterwards  
 21 reduced to typewriting by Computer-Aided  
 22 Transcription, and the foregoing is a true and  
 23 correct transcript of the testimony so given by  
 24 said witness as aforesaid.

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1 DEPOSITION REVIEW  
 2 CERTIFICATION OF WITNESS  
 3  
 4 ASSIGNMENT NO: 1928202  
 5 CASE NAME: Lippert, Donald, Et Al. v. Norman, Et Al.  
 6 DATE OF DEPOSITION: 9/26/2014  
 7 WITNESS' NAME: Martha Maldonado  
 8 In accordance with the Rules of Civil  
 9 Procedure, I have read the entire transcript of  
 10 my testimony or it has been read to me.  
 11 I have made no changes to the testimony  
 12 as transcribed by the court reporter.  
 13  
 14 Date \_\_\_\_\_ Martha Maldonado  
 15 Sworn to and subscribed before me, a  
 16 Notary Public in and for the State and County,  
 17 the referenced witness did personally appear  
 18 and acknowledge that:  
 19  
 20 They have read the transcript;  
 21 They signed the foregoing Sworn  
 22 Statement; and  
 23 Their execution of this Statement is of  
 24 their free act and deed.  
 25  
 26 I have affixed my name and official seal  
 27 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 28  
 29 Notary Public  
 30 Commission Expiration Date

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1 I further certify that the signature to the  
 2 foregoing deposition was reserved by counsel for  
 3 the respective parties.  
 4 I further certify that the taking of this  
 5 deposition was pursuant to Notice, and that  
 6 there were present at the deposition the  
 7 attorneys hereinbefore mentioned.  
 8 I further certify that I am not counsel for  
 9 nor in any way related to the parties to this  
 10 suit, nor am I in any way interested in the  
 11 outcome thereof.  
 12 IN TESTIMONY WHEREOF: I have hereunto set my  
 13 hand and affixed my notarial seal this 10th of  
 14 October, 2014.  
 15  
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 24

\_\_\_\_\_  
 Certified Shorthand Reporter

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1 DEPOSITION REVIEW  
 2 CERTIFICATION OF WITNESS  
 3  
 4 ASSIGNMENT NO: 1928202  
 5 CASE NAME: Lippert, Donald, Et Al. v. Norman, Et Al.  
 6 DATE OF DEPOSITION: 9/26/2014  
 7 WITNESS' NAME: Martha Maldonado  
 8 In accordance with the Rules of Civil  
 9 Procedure, I have read the entire transcript of  
 10 my testimony or it has been read to me.  
 11 I have listed my changes on the attached  
 12 Errata Sheet, listing page and line numbers as  
 13 well as the reason(s) for the change(s).  
 14 I request that these changes be entered  
 15 as part of the record of my testimony.  
 16  
 17 I have executed the Errata Sheet, as well  
 18 as this Certificate, and request and authorize  
 19 that both be appended to the transcript of my  
 20 testimony and be incorporated therein.  
 21  
 22 Date \_\_\_\_\_ Martha Maldonado  
 23  
 24 Sworn to and subscribed before me, a  
 25 Notary Public in and for the State and County,  
 26 the referenced witness did personally appear  
 27 and acknowledge that:  
 28  
 29 They have read the transcript;  
 30 They have listed all of their corrections  
 31 in the appended Errata Sheet;  
 32 They signed the foregoing Sworn  
 33 Statement; and  
 34 Their execution of this Statement is of  
 35 their free act and deed.  
 36 I have affixed my name and official seal  
 37 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 38  
 39 Notary Public  
 40 Commission Expiration Date

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